DHMH - 16 60M 7/84

3 €

230 BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Duda-Ruck Funeral Home of Dundalk 7922 Wise Ave. Dundalk, MD 21222

23b. DATE

12-6-86

23c NAME OF CEMETERY OR CREMATORY

Holly Hill

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Balto.

STATE

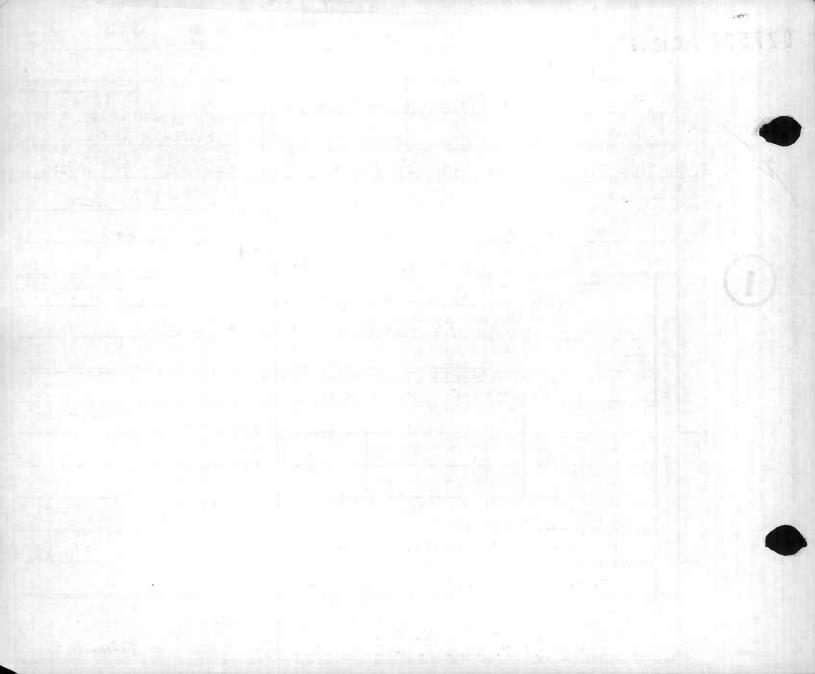
23d LOCATION

White Marsh

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(VRA 15, 4)



Randallstown, MD.

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DHMH - 16 60M 7/B4 (VRA 15, 4)

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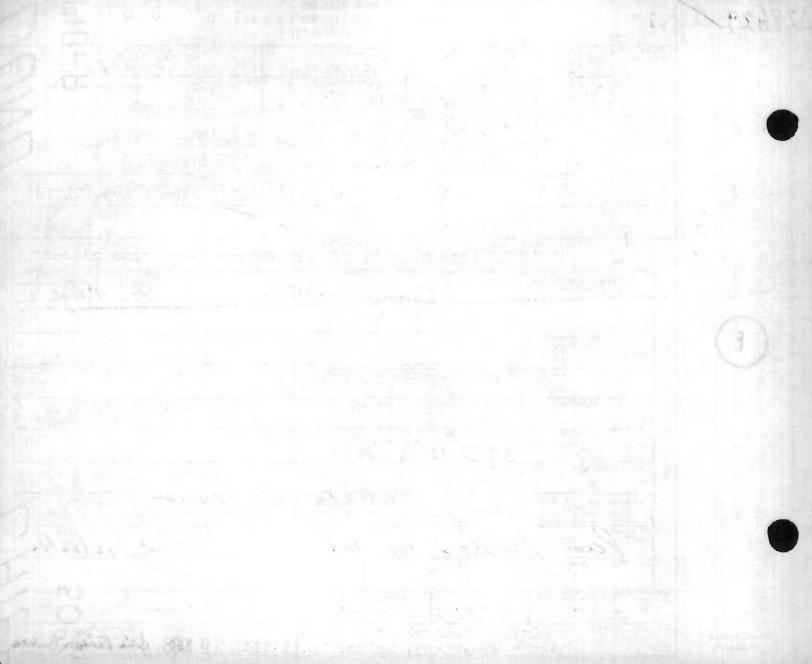
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	d b	2 %	2	THPLACE (STATE OR FOREIGN	TO CITIZEN OF WHAT COUNTRY?	NEVER MARRIED		COUNTY OF DEATH	
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DIVISION OF VITAL RECORDS,	requ	in to	CERTIFICATION						
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			230 8	URIAL, CREMATION, REMOVAL	236. DATE 23c NAME OF CEMETE	RY OR CREMATORY	23d. LOCATION	2 COUNTY ZU	STATE
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くるへ	14. F	ATHER'S NAME	MIDDLE LAST	15 MOT	HER'S MAIDEN NAME	MIDDLE	LAST	
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F 8 /	16a \	VAS DECEASED EVER IN U.S. AF			RMANT	ADDRESS	Conner	i i i i i i i i i i i i i i i i i i i
00 P	1	YES, NO OR UNKNOWN) (IF YES, GIT	VE WAR OR DATES)	V. 01 -		- 203		D. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
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212		saw the deceased alive ar abave, (1) (we) (did) (did no	at) view the body after death.	9, and that in	(my) (aur) apinian de	ath occurred an the date of	and hour and Irom the	causes stated
751		226 SIGNATURE		DEGREE	-	1	22c DATE	
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Ald the day	1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e AD		DIRECTOR FITTSICIAL		
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0 6 1 8	730	BURIAL, CREMATION, REMOVAL		3c. NAME OF CEMETERY		236 LOCATION		
		(SPECIFY)				CITY OR TOWN	COUNTY	STATE
		ntombment UNERAL DIRECTOR	12-24-86	Dulaney Va		Cockeysv:		
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(VRA 13, 4)	B	uck Towson Fund	eral Home, Inc.	Towson, Md. 2	1204 010	23 1000 18	ma brings.	(

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th. Page		RTHPLACE (STATE OR FOI		F WHAT COUNT	TRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY OR CO	
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2 tely	14. F/	ATHER'S NAME	WIDDIE	LAST		15. MOTHER'S MAIDEN N	AME	LAST
by ond	1	John		Schott		Emma		Putens
Poge C		VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)		74-421	F. Mark F	ayman (son)	same address
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w requires for the de- bear upone by the or or. Their pin cember from to burnel, cemper my injury, or other trou	ATION	gove rise to imme couse (a), stating underlying couse	which diate the lost. (b) DUE TO, (c) FICANT CONDITIONS	OR AS A CONSI	EQUENCE OF	NOT RELATED TO THE TER		b. IF YES, WERE FINDINGS USED
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

		CEASED NAME	FIRST	-	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR	
	11111	ON FORMAT	MELV	I) (II	(IMI)	FELT	ER	DECEMBER 2		6 10.354		
	I. SEX	X	4 RACE		5 DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF UN	DER I YEAR	HOURS MIN.		
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-	-	RTHPLACE INTATE OR I	FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF	DEATH		
)		MARYLAND		USA		WIDOWE		COUNTY		2.1	MD.	
5	10 CI	ITY OR TOWN OF DEA	ATH		HOSPITAL, NUR H FACILITY, GIVE STR		OR OTHER INSTITUTION	120 USUAL OCCUPATION TYPE OF WORK FOR MOST OF		NOUSTRY	F BUSINESS OR	
0		RT HOWARD		VAMC			MD 21052	Elect	rician			
1	130 S	AL RESIDENCE (IF NURS	136 COUN		134 CITY OR TO		13d INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE	2/	1231	
2		ARYLAND	BALT	IMORE	Overl	ea	YES [NO 3	119 L YNDA	LE AVENI	IE.	706	
7		THER'S NAME	-	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	WIDDIE		LAST	1	
4		rank	C.	uso sonoso	Felte	_	Florence	ADDRE	cc	Phi	pps	
1	(4	VAS DECEASED EVER	(IF YES, GIV	E WAR OR DATES	166 SOCIAL SE		17 INFORMANT					
	-	YES	WW	II	220 03	4289	Mrs. Florer	nce A. Felte	er Sam		#13e	
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		220 1 certify that						, to12/29		86	that 陆 (we) last	
		saw the decease above, # (we) (c	ed olive an) view the body	ofter_death.	86_, or	nd that in (🛶) (aur) apinion o	deoth occurred an the do	te and hour and	from the	couses stated	
		276. SIGNATURE		a	T	11.	DEGREE	NEDICAL CTAE		22c DATE	2-1	
		Tu	200	16	an	Wi		MEDICAL STAF DIRECTOR PHYSIC	IAN X	12/	2 9/86	
1	3	22d. PHYSICIAN'S NA					22e ADDRESS			100	21052	
		AURORA C					VA MEDICAL C		HOWARD,	MD.	21052	
		BURIAL, CREMATION,	REMOVAL	-		It NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		y Y I'V	STATE	
		remation UNERAL DIRECTOR		12-31-	-86	Westv	iew	Baltin	nore, Ma	ryla	nd	
	24. FC	NAME	T D.	-l- T	ADDRES	5	חר	C 3 1 1986				
		Leonard .	. Ku	ek, Inc.	Ratti	more,	Ma. DL	0 0 1 1000	Julia Da	nder.	Kandaes	

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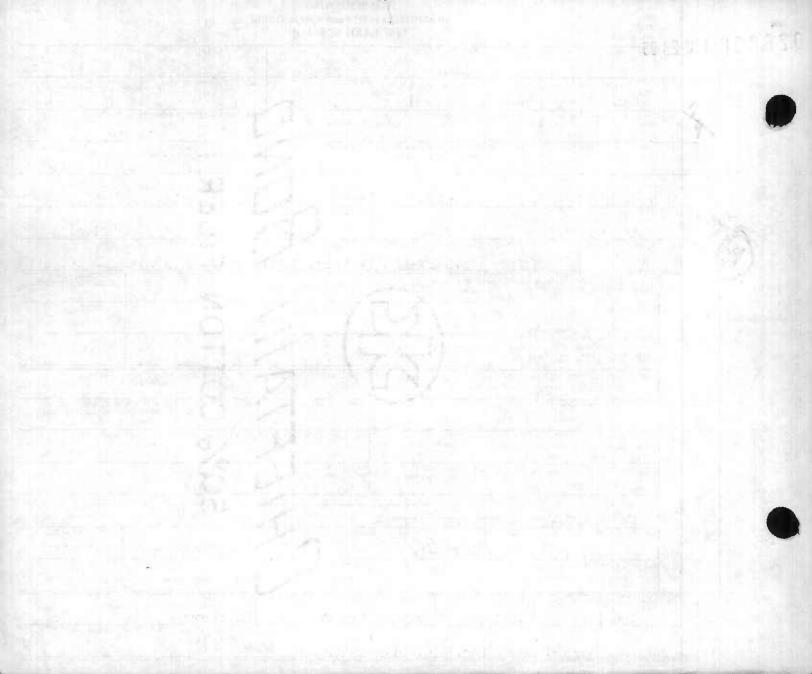
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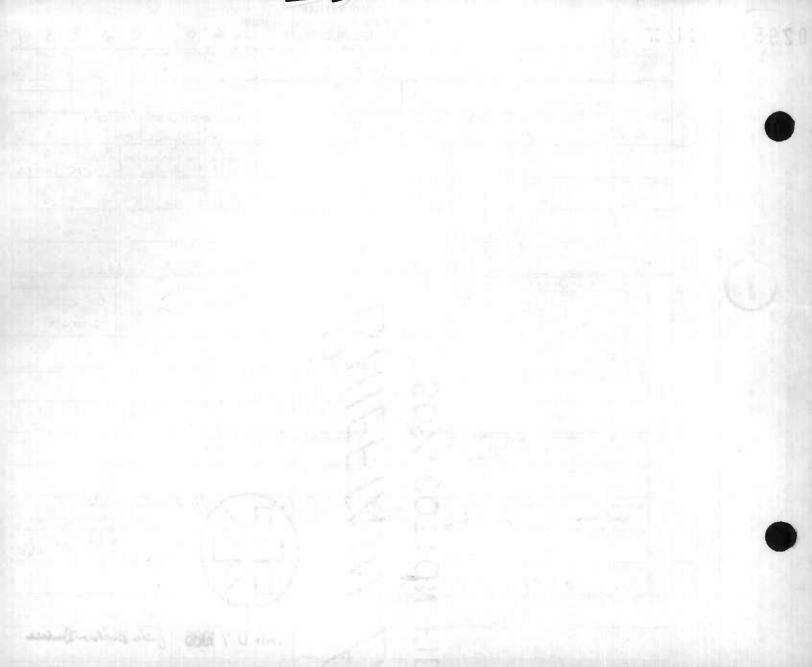
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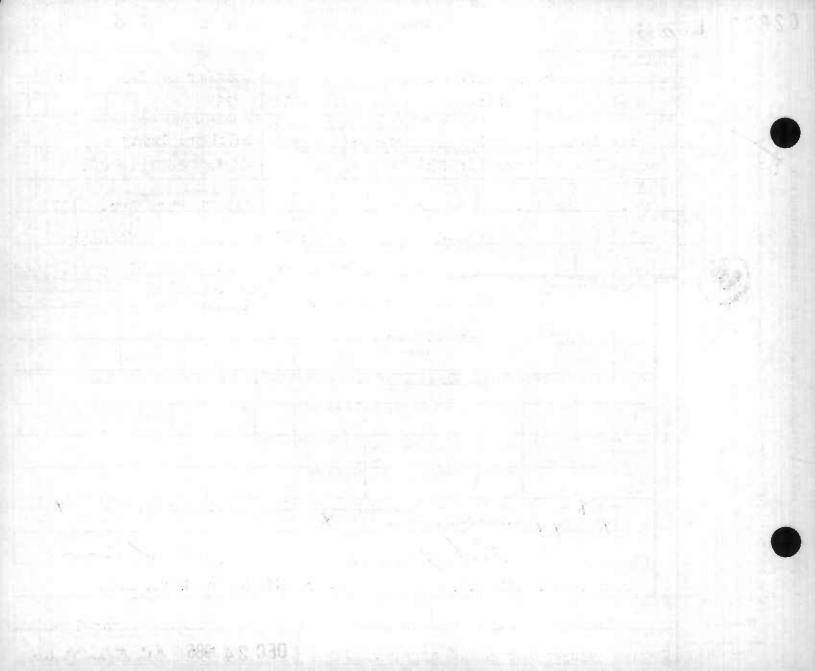
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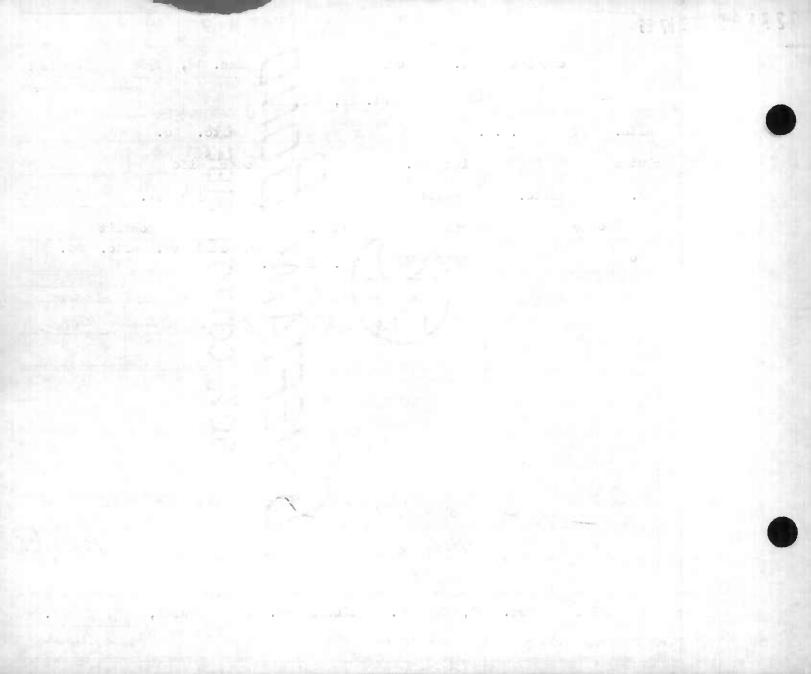
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE THE STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b. HOUR (TYPE OR PRINT) HAROLD J. FLETCHER page r deat 16 86 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS 3. SEX MONTH DAY YEAR Male White 12 15 70. BIRTHPLACE (STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 75 CITIZEN OF WHAT COUNTRY? MARRIED TO NEVER MARRIED COUNTRY New York U.S. WIDOWED Balto, County DIVORCED | IN CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY Dundalk 290B Dunbrin Court Electrician Coast Guard ARYLAND 21201 USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 130 STATE 136. COUNTY 13c CITY OR TOWN 13e. STREET ADDRESS 13d INSIDE CITY LIMITS? 290B Dunbrin Court Md. Balto. **Dundalk** 21222 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST Jonathan Fletcher Eaton Laura ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES. NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes 161-12-1384 Mrs. Ann Fletcher - Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c),) PART I. DEATH WAS CAUSED BY FAILURE ESD, RATORY min. IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF 6 mins. Conditions, if ony, which 6.1116 gove rise to immediate couse (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost heavy Smoker PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NOF YES [NO T DIVISION OF VITAL CERT 210. ACCIDENT WAS UNDERLYING 21h TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (I) (this haspital) attended the deceased from. 110 and that in (my) (our) opinion death accurred on the date and have and from the causes stated saw the deceased alive an above, (1) (we) (did) (did not) view the body after death 226. SIGNATUR DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be detained with the State C PHYSICIAN Y DIRECTOR PHYSICIAN INSICIAN'S NAME 22e. ADDRESS 230. BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b DATE (SPECIFY) CITY OR TOWN STATE 12-16-86 Remova1 24 FUNERAL DIRECTOR DHMH - 16 50M 4/82 ADDRESS (VRA 15, 4) Balto., Md. Anatomy Board





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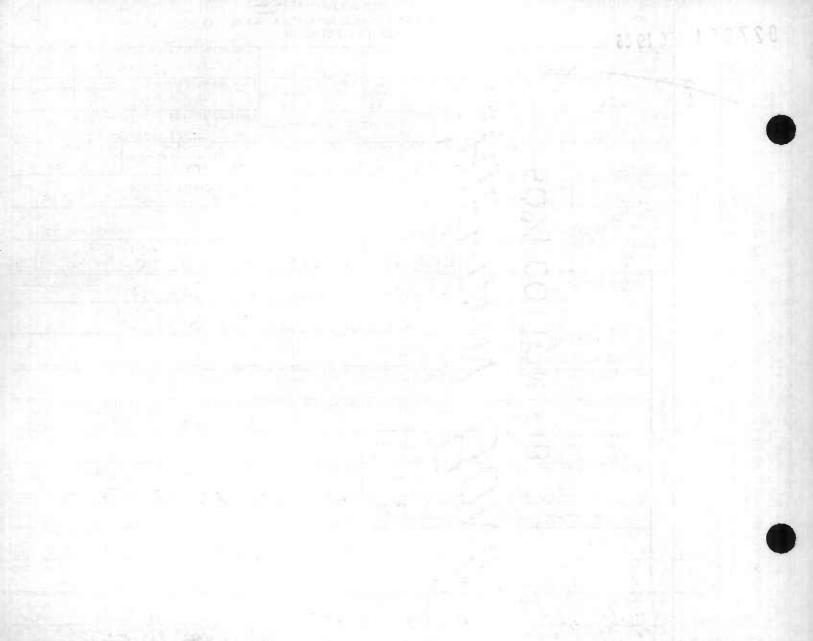
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STATE OF MARYLAND



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DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE 027855 MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO MIDDLE 20. DATE KNOWN X YEAR (TYPE OR PRINT) ESTI-DEATH MATED FUNDERBURK, JR. BILL (WILLIAM) 12 18 19 86 . DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 4 RACE 24 HOUR SEX DATE LAST BIRTHDAY PRONOUNCED July 10, 1952 34 18 19 86 9A M Black DEAD Male 9. BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OR MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA WIDOWED ... DIVORCED Baltimore County USUAL OCCUPATION (TYPE OF WORK ID CITY OR TOWN OF DEATH 112b. KIND OF BUSINESS 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION OR INDUSTRY 2710 Lodge Farm Rd. Truckdriver Trucking 60. Edgemere SUAL RESIDENCE (IF IN NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET_ADDRESS 136. COUNTY Maryland Baltimore 2517 Sycamore Ave. 21219 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE William Funderburk Baylor Lucille AMINER ALONG WITH FORM L-TRANSIT PERMIT. PAGES^{*}1 AENTAL HYGIENE, DIVISION J, OR REMOVAL. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 21219 (YES, NO, OR UNKNOWN) 218-58-7945 Lucille Funderburk 2517 Sycamore Ave. No 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). SETWEEN ONSET AND DE ATH PART I DEATH WAS CAUSED BY Smoke and soot inhalation DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate USED AS A BURIAL - TR. OF HEALTH AND MENT. RIAL, CREMATION, OR cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IA CERTIFICATION 196 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? THIS CENT.

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STATE OF MARYLAND

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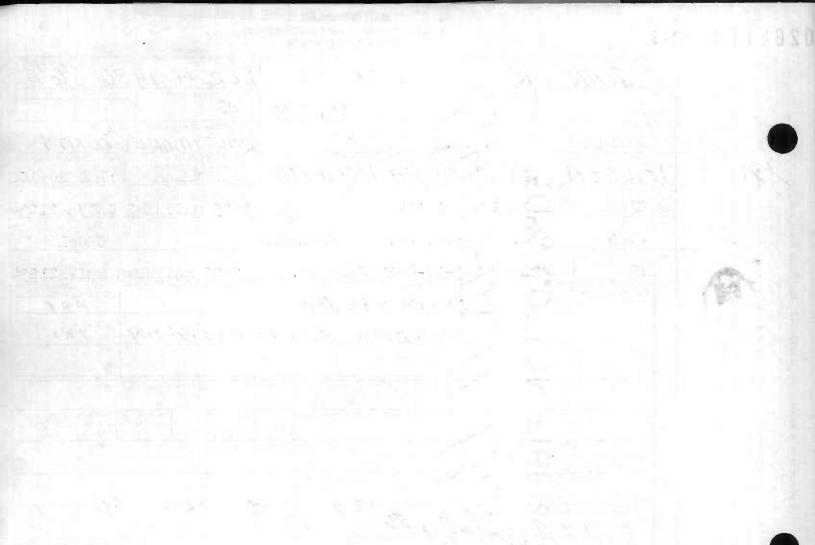
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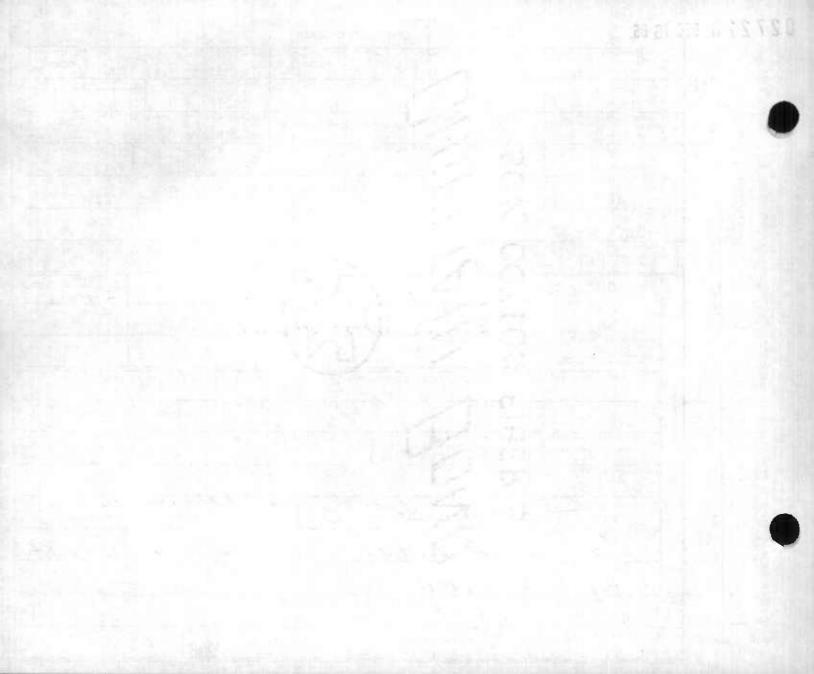
be deto e Stote [MPORTANI 22e ADDRESS ld b GBMC, 6701 N. Charles Street, Towson, MD. 230 BURIAL, CREMATION, REMOVAL Grace U. Meth. Ch. Cem. Cockeysville, Balto. Co., MD. Burial 12/14/86 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Martin D. Lawson, 10 W. Padonia Road, Timonium (VRA 15. 4)

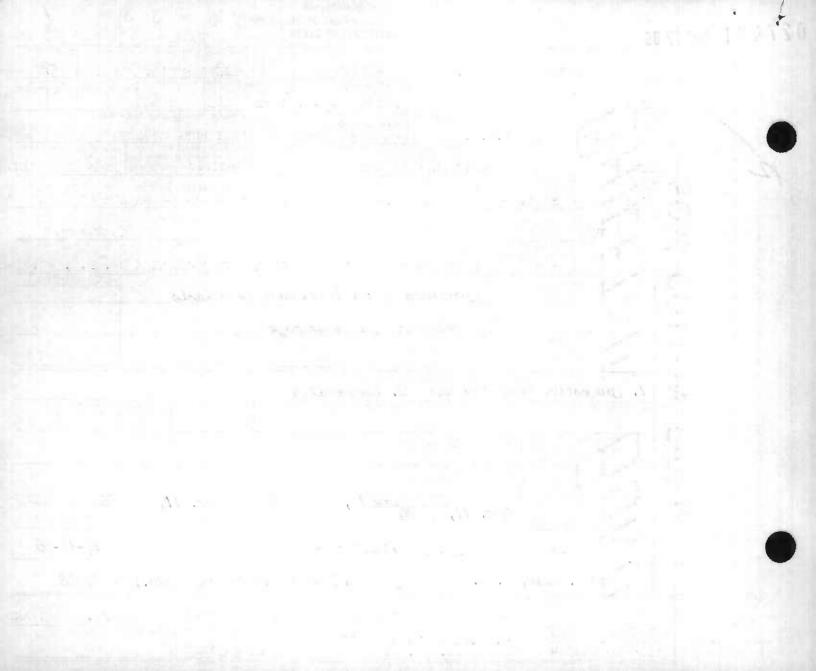
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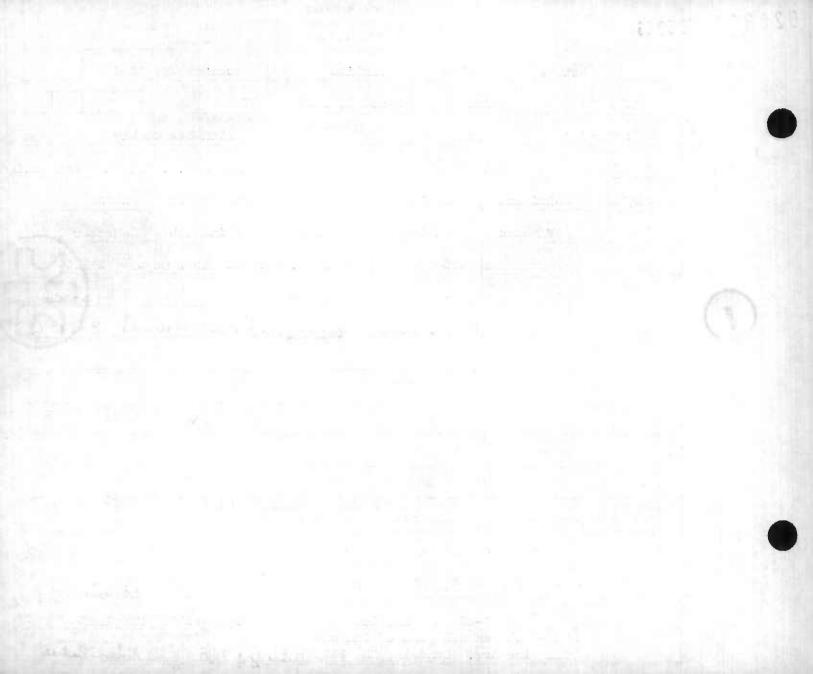
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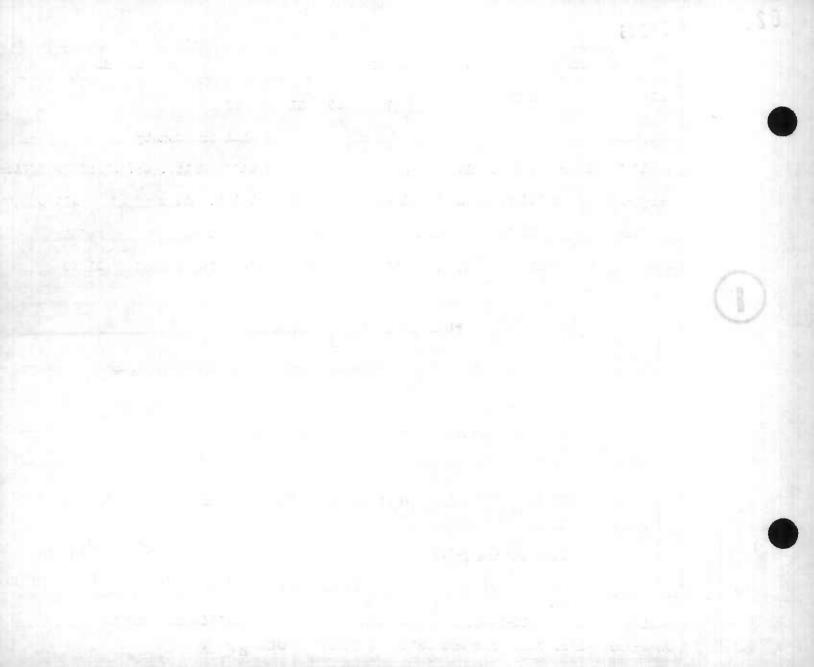
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DEC	5.0	STATE -EGISTRAR -ASED NAME FIRST	MIDDLE	CERTIFICATE OF DEATH	REG. NO.	DAY YEAR 25 HOUR
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	3.58)		4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY)	MONING DATS HOURS MIN.
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30	14 FA	THER'S NAME FIRST John	H. Gal	ole Is Mother's Maiden First Lillia	MIDDLE	Christy
- I		AS DECEASED EVER IN U.S. ES, NO OR UNKNOWN { IF YES NO	GIVE WAR OR DATES]	-10-6060 Lois L.	Henschen, 964	21234 6 Alda Dr.
any injury, or other	ICATION	gave rise to immediate couse (or), stating the underlying cause last PART 2 OTHER SIGNIFICAN 19a DATE OF OPERATION		NSEQUENCE OF NG TO DEATH BUT NOT RELATED TO THE WHICH OPERATION WAS PERFORMED	20g AUTOPSY? 20b I	N GIVEN IN PART TO
X T	AL CERTIF	21a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF IFETHER NOTIFY MEDICALEXAM!	DEATH HOUR A.M. MON	TH DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITE	YES NO NO MIS PART I OR PART 2)
	MEDIC	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	OFFICE FARM ETC.) 2H LOCATION STREET	CITY OR TOWN	COUNTY STATE
	13	22a I certify that (I) (this ho	spital) attended the deceased on 11 – 2 (e not) view the body after death	DEGREE	nian death accurred an the date and IG MEDICAL STAFF IN DIRECTOR PHYSICIAN	22c. DATE SIGNED
RTANT, II hem 21 is mo		THE PHYSICIAN'S NAME (TY		22e ADDRESS		4, 15
IMPORTANT: If hem 21 is mo	23a. B		inman, M.D. AL 236 DATE		air Rd.	COUNTY STATE

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, s d		VAS DECEASED EVER IN U.S. A	ARMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ADDRESS	
BALTIMORE, MARTLAND 2 120 Completely filled in by the medicol examiner must be in the medical	- (YES NO OR UNKNOWN) (IF YES, O	GIVE WAR OR DATES)	218-54-2	466	Mrs Dominic	a Presgraves	Cama as #12
						THIS. DOMITHIC	a riesgraves	Same as #13.
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST NG PHYSICIAN: The low requires that the destinated of the offer this certificate has been signed by the attended os the buriol-transit permit. Then pleat remove corbet the and Mental Hygiene prior to buriol correspond or them 18 shows any injury, or other troumanticles.		PART 2. OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART 110
RD equeque r to inju	CERTIFICATION							
Prio Prio	18	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY2 20b. IF	YES, WERE FINDINGS USED
TALR The le acion. te hos sit per shows	E						YES NO	RTIFYING CAUSES OF DEATH? YES \(\bigcap \text{NO} \(\pi \)
ON OF VITA HYSICIAN: The ding physicio is certificate buriol-transit Mental Hygie	l e	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
PHYSICIAN:		OR CONTRIBUTING CAUSE OF E	CAIN I	M. MONTH DA	Y YEAR			
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the hor to Dep		226. SIGNATURE	Tus O.	all a		DEGREE ATTENDING ,	MEDICAL STAFF	220. DATE SIGNED
PITAL by th JERAL State ANT: 1			1-10	000		PHYSICIAN (DIRECTOR PHYSICIAN	12/15/16
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TO HOSPITAL TO FUNERAL should be det with the Stote		NESTOR	M. C	ARMON	165	6012 1 taylor	Rd. Balts:	ml. 21214
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		UNERAL DIRECTOR	Dec. 18			eph Texas	E REC'D. BY REGISTRAR 25b. REC	
DHMH - 16 60M 7/84		NAME				ork Road		/
(VRA 15, 4)	R	uck Towson Fun	eral Hom	e. Inc. I	'owsor	,Md. 21204 DEL	1 8 1985 Julia	Developes Handar





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41 20 10	E	_								N N	YES 🗌		o 🗆
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董五 清春草生	1		110	V		•		PHYSICIAN D	DIRECTOR P		1	4-1.	5-86

M.D

23c. NAME OF CEMETERY OR CREMATORY

Lakeview Memorial Pk.

DHMH - 16 60M 7/84 (VRA 15, 4)

(SPECIFY)
Burial 24. FUNERAL DIRECTOR 21229 Hubbard Funeral Home, Inc. 4107 Wilkens Ave

23b. DATE

.M.

12/17/86

Machiran

230. BURIAL, CREMATION, REMOVAL

720 Maiden Choice Lane

23d LOCATION
CUTY OR TOWN
Sykesville Carroll



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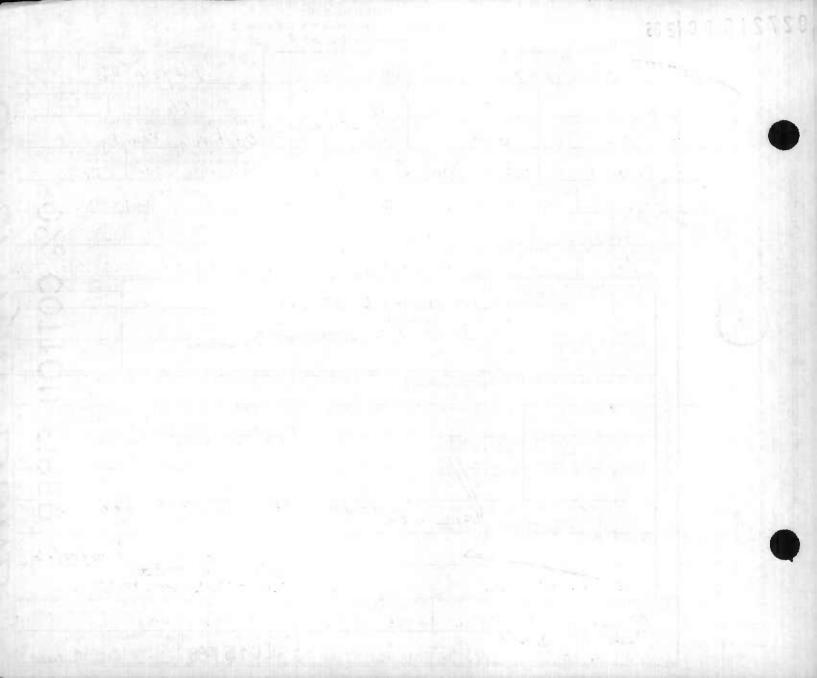
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(VRA 15, 4)

A PART SET THE ABOVE WATER AND STREET

27216 DEC	6 COR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 CERTIFICATE OF DEATH	6 3 3 / 5 5
	1. DECEASED NAME FIRM	rederick MIDDLE LAST Gimbel 20. DATE	OF DEATH MONTH DAY YEAR 26. HOUR
19	FREDE	RICK Conrad GIMBEL	12/14/86 950 m
1 8	1. 5EX	4 RACE 5 DATE OF BIRTH 6. AGE	IN YEARS LAST BIRTHDAY] // IF UNDER I YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
4 99	MAIR	White World 27 10	76 YRS.
1111	To. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTI	MORE CITY OR COUNTY OF DEATH
	MD	USA WIDOWED DIVORCED DA	Itimore County MD.
1 1107	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (17 YE OF Y	ALOCCUPATION 12b, KIND OF BUSINESS OR VORK FOR MOST OF WORKING LIFE) INDUSTRY
8 1 19/10	TOWSON	STELLA MARIS HOSPICE Mast	er Mechanic Railroad
21 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M	USUAL RESIDENCE (IF NURSING HO)	ME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)	ET ADDRESS / ZIP CODE
\$ 5 W	Maryland Bal	timore Cockeysville YES NO 🕄 1	0319 G Malcolm Cir., 21030
ま も 121 かっ	4. FATHER'S NAME	MIDDLE LAST FIRST	MIDDLE LAST
1 1940		John Henry Gimbel Rosina	Bachmann
de de de	160 WAS DECEASED EVER IN U.S	S. GIVE WAR OR DATES)	ADDRESS
1 64 9	IYES, NO OR UNKNOWN] IF YE	A-705-05-4657 Mary C. Gimbel,	10319 G Malcolm Cir., 21030
BAIL of the control o	18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
5 201	IMME	DIATE CAUSE 10) METASTATIC DISEASE	
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RDS, 20 equires themple of the burn of they.	-	NT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1(a
AL RECO	190 DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206 AI YES [UTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES NO
LOF VIT	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE C	PEDEATH HOUR A.M. MONTH DAY YEAR	R NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)
IVISION age Phry after this is to the but to and M icked or	21d INJURY OCCURRED NOT WHILE AT WORK	210 PLACE OF INTURY (AT HOME STREET FACTORY, OFFICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN COUNTY STATE
TTENDR markel or CTOR: A fer use: a of Healt		e an	orred an the date and haur and fram the causes stated
AL OR AL AL OR AL	22b. SIGNATURE	DEGREE ATTENDING MEDIC PHYSICIAN DIRECTOR	AL STAFF OR PHYSICIAN 12/14/86
O HOSPITAL Dorned by t C FUNERAL Could be tel # the Sterie	Eddie Nakh		aris Hospice RdTowson, MD 21204
D t P 4 1 3	23a BURIAL, CREMATION, REMO	VAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LC	CATION
BP	Burial	12/17/86 Druid Ridge Cem. Maus.	Woodlawn Balto. Md.
DHMH - 16 60M 7/84 (VRA 15, 4)	THE PURE SHALD SHICTOR	vson, 10 W. Padonia Rd. 250. DATE REC'D. B	1986 A. Menden Perdage



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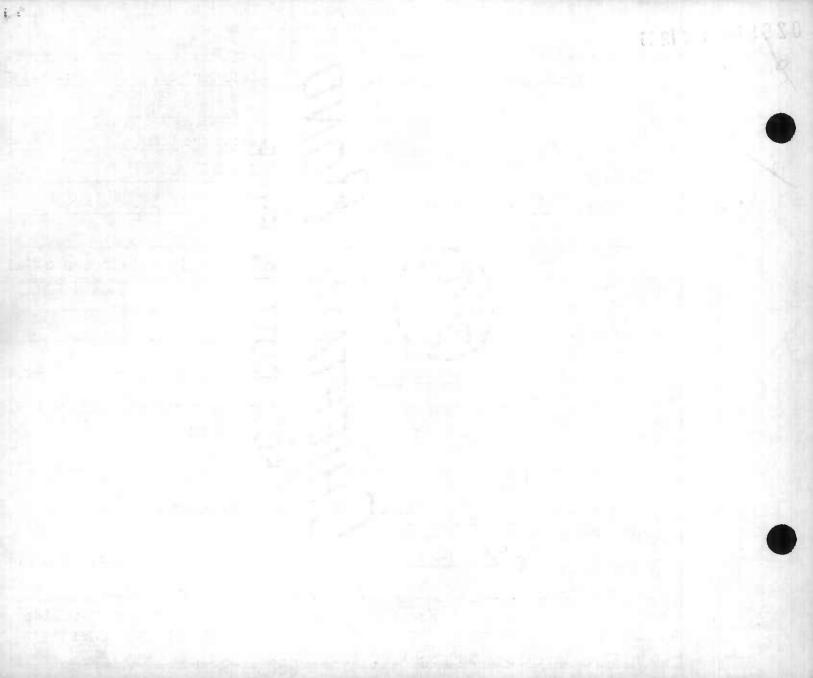
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8 . m =		ECEASED NAME FIRST PE OR PRINT)	WIDDLE		AST	20 DATE OF DEATH		YEAR 26 HOUR
toy be poge 3	3. SI	Myrtle	Ann A RACE	GLANCE		December 6 AGE (IN YEARS LAST BIR	10, 1986	6:50 p _M
ge 4 m ector.		Female	White		ch 1 1931	55	YRS MONTHS	DAYS HOURS MIN.
erol dir		SIRTHPLACE (STATE OR FOREIGN COUNTRY) TOTTHCATOLINA	76 CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED D	Baltimore city of Baltimore		MD.
	X	Rossville	11. NAME OF HOSPITAL, NO HENOT IN SUCH FACILITY, GIVE Franklin	URSING HOME O		120 USUAL OCCUPAT	ION 126. K	KIND OF BUSINESS OR USTRY
24 hc	75U 13a	JAL RESIDENCE (IF NURSING HOME OR STATE 136 COUN Bal	OTHER INSTITUTION GIVE RESIDENCE	BEFORE ADMISSION)		13e.STREET ADDRESS		21221
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OR AI he hasp DIRECT oched fi Dept o	,	22b. SIGNATURE	Mu Dma		DEGREE ATTENDING	MEDICAL STA		. DATE SIGNED
HOSPITAL ned by the FUNERAL vid be det i the Store	-	27d. PHYSICIAN'S NAME (TYPE O	R PRINT)		PHYSICIAN [DIRECTOR PHYSIC	De De	cember 10,198
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BP	230	BURIAL CREMATION, REMOVAL Burial		23c NAME OF C	emetery or crematory Cemetery	1234 LOCATION		Carolina
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		Dree .	25a. DATE	REC'D. BY REGISTRAR	256 REGISTRAR'S SI	IGNATURE
(VRA 15, 4)		ConnellyFunera	alHome 300Ma	aceAve.	21221	1 1000	. Trail	Palass
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		FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYC	GIENE 8 6	3 3 / 6 0
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7 0 000	A CHE	ANNA	MIDDLE	GOETTE	DEC.	MONTH 1986 12 B.
10	1. SE		4 RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
50	7a. BI	RTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY?	1-8-1902	84	YRS. R COUNTY OF DEATH
3		JARYLAND	U. S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	BALTIMO	RECOUNTY MD.
18	To	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION ODDRESS) HOSPITAL	120. USUAL OCCUPATION OF WORK FOR MOST OF SEAMSTE	
100	USU, De S	00 - 01	ROTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE 21234
	14 FA	THER'S MAME FIRST	MIDDLE LAST	15 MOTHER'S MAIDEN NA	MIDDLE	LAST
24	16a V	VAS DECEASED EVER IN U.S. AR		JRITY NO. 17 INFORMANT	ADDRE	OCOTT Z1234
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1			nly one couse per line (a; 1a), (b), are ED BY: TE CAUSE (a)	DIAL INFARCA	ON	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 48 HRS.
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du day	TIFICATION	19a. DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
mal type 18 st	CAL CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18. PART I OR PART 2)
hed or 1	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC.) 211. LOCATION STREET	CITY OR TO	WN COUNTY STATE
Neglith is mor		22a. L certify that (1) Unis hosp	ital) ottended the deceased from	12/5 19.80	. to 1217	19.86 , tho (1) we) lost
2 0 0		saw the deceased after an abave (1) we) (did) (did no	ot) view the bady after death.	DEGREE	death accurred an the do	ste and haur and Iram the causes stated
detoch one De VF. III II		Alle	eema	M.D. ATTENDING	MEDICAL STAF	
PORTAN		22d. PHYSICIAN'S NAME VYPE	J. KLEEMAN	1 7600 OS	Con BrivE	. TOWSON.
513		URIAL, CREMATION, REMOVAL		NAME OF CEMETERY OF CREMATORY	23d LOCATION SILY OR TOWN	Mp COUNTY STATE
	24 30	NERAL DIRECTOR			E REC'D. BY REGISTRARI	Sh. REGISTRAR'S SIGNATURE

026771 11165 CLANGROUNT TO E X

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REGISTRAR REG NO CEASED NAME 20 DATE OF DEATH SYDNEY W. **GOFFRON** 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) DATE OF BIRTH MONTH -189 To. BIRTHPLACE ISTATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION SALESMAN ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13b. COUNTY 13d INSIDE CITY LIMITS? 130 STREET ADDRESS / 7IP CODE NO V Baltimore 2235 Chapel Valley Lane 21093 Timonium FATHER'S NAME ARMED FORCES F YES, GIVE WAR OR DATEST No Kable - same as #13e APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g 190 DATE OF OPERATION 19h, CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF NOF 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21f LOCATION 21e PLACE OF INJURY COUNTY (AT HOME STREET, FACTORY OFFICE, FARM ETC.) CITY OR TOWN STATE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on_ and that in (my) (aur) apinion death accurred on the date and hour and from the causes stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22h SIGNATURE

PHYSICIAN 22e ADDRESS

DEGREE

ATTENDING MEDICAL STAFF DIRECTOR | PHYSICIAN 22c DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL

Keith Manley, M.D.

above, (1) (we) (did) (did nat) view the bady after death

23b. DATE

Pot Spring Rd., Timonium. 23c. NAME OF CEMETERY OR CREMATORY

23d LOCATION

urial

FOR

- STATE

(SPECIFY) 12-6-86 24 FUNERAL DIRECTOR

Parkwood

Parkville 1050 York Rd 250 AATE RECD. BY REGISTRAR 25% REGISTRAR'S SIGNATURE

COUNTY STATE Balto. Md.

DHMH - 16 60M 7/84 (VRA 15, 4)

uck Towson Funeral Home, Inc.

Towson, Md. 21204

Julia Davidson- Kandall



					STATE OF W	AKTLAND			- chia		
7 DEC 23	85	FOR STATE REGISTRAR		DEPARTM	CERTIFICAT	AND MENTAL HY	YGIENE 3	REG. NO.	3 3	. 0	**
		CEASED NAME FILE	RST	WIDDIE	LAST		2a. DATE OF	DEATH MONTH	DAY		HOUR
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4	14. F	ATHER'S NAME	MIDDLE	LAST	15. M	OTHER'S MAIDEN N		MIDDLE			
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		No	— — — — — — — — — — — — — — — — — — —	217-18-3	015 G	eorge A.	Good,	Sr., 1 C	ak Kr	noll R	d.,210
_; ‡		18 CAUSE OF DEATH (E	nter only one cause pe	r line for (a), (b), and	(c).1				BE	APPROXIMATE	INTERVAL T AND DEATH
vent	н	PART I. DEATH WAS	CAUSED BY. MEDIATE CAUSE (a)								
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Heoris		220 I certify that (I) (the		he deceased from	12/14	19.00		12/20		, that	(I) (we) last
21			(did not) view the body	after death.		in (my) (our) opinio	an death occurre	d an the date and	hour and fre	am the cous	es stated
Chec		226. SIGNATURE			DEGRE		MEDICAL	STAFF	, 220	DATE SIGN	NED
ote D		- Lugar	2 U Pun	(my)	m.		MEDICAL DIRECTOR	D PHYSICIAN		177	
Story ANT		226 PHYSICIAN'S NAME	(TYPE OR PRINT)		22e /	ADDRESS _{v.}	E PANA	. 17 5			
shauld be der		Gresin	n in P.	rice p	11)	GBMC					
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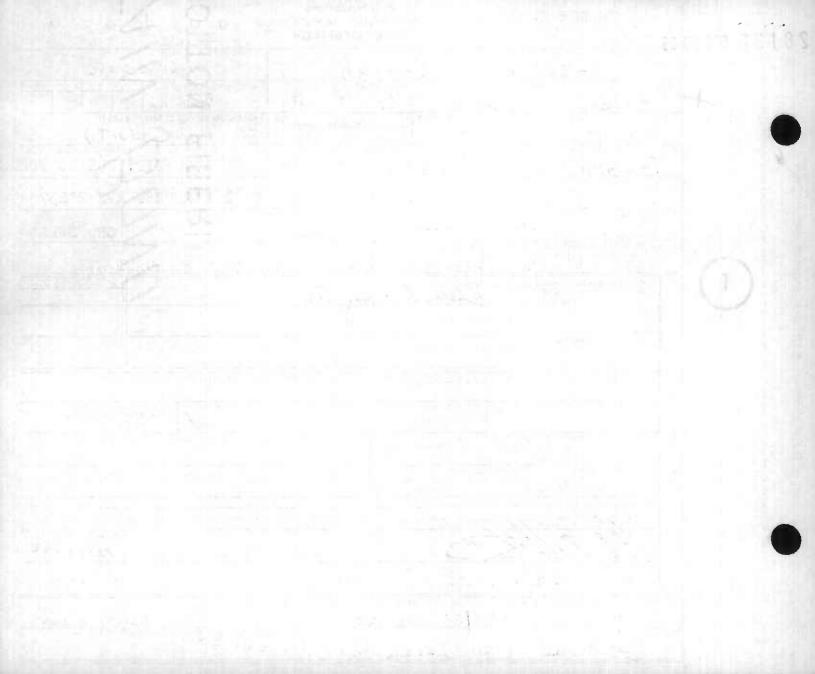
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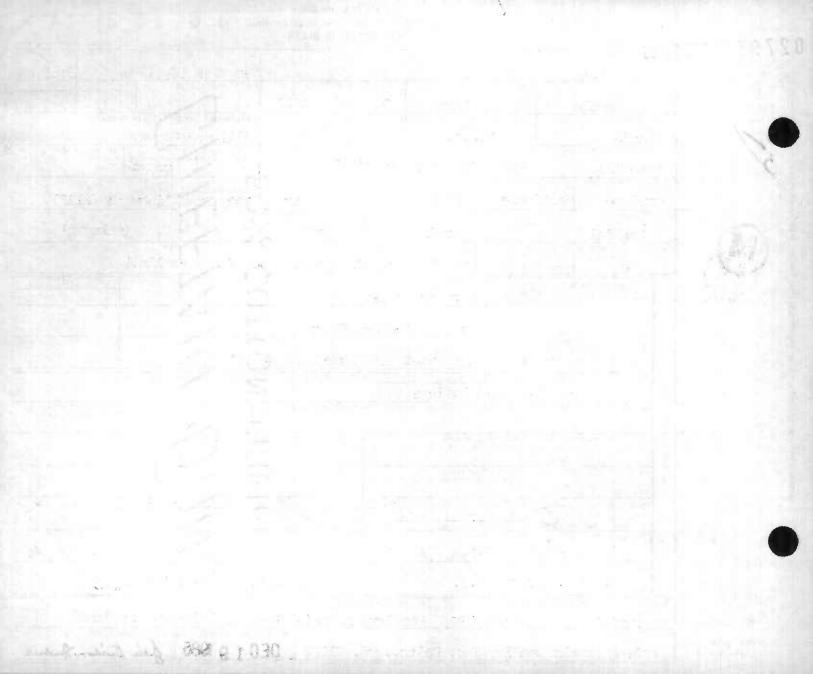
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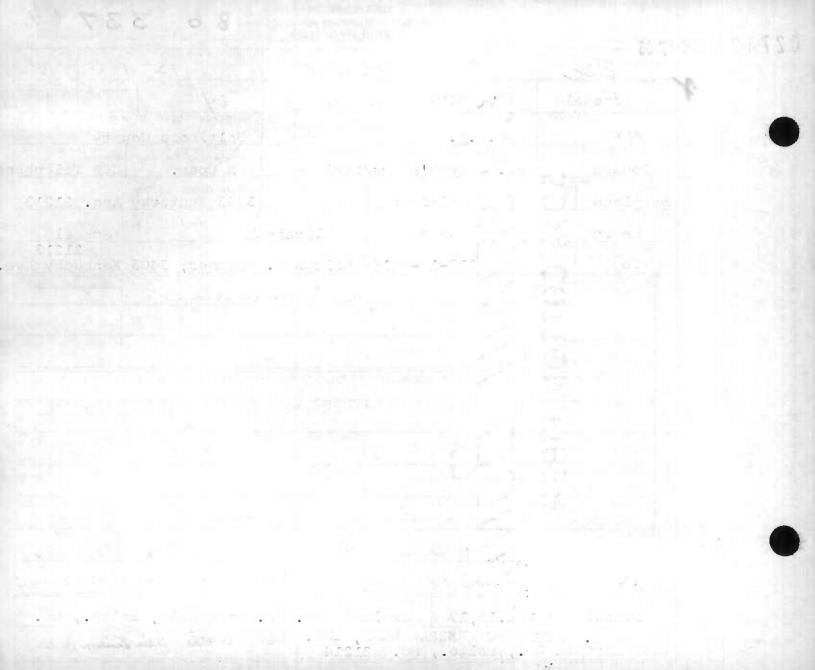
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u m∉	11, DE	CEASED NAME PHOT	MIDDLE		LAST	2a. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
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Vitro	M.C	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL,		1	12a USUAL OCCUPATION	126. KIND OF BUSINESS OR
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2 BR 27	lile	AL RESIDENCE (IF NURSING HOME OR COUNT 136 COUNT BL		OR TOWN	134. INSIDE CITY LIMITS?	7912 ELMHUR	ST AVE 21237
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de de de	1)	WATTE	IDDLE L	LAST	ANNTE	MIDDLE	CRÖSSWELL
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/ V	L	NO n		15210	MARIE GOU	GH 7912 EIMH	URST AVE
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offendar free flux on the by th and My	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	, OFFICE, FARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
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ATT ATT SECTION OF SEC		obove () (we) did) (did not)	view the body after death). , o	DEGREE	n death occurred on the date and	hour and from the causes stated 22c. DATE SIGNED.
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O HOSPIT. Promed by TO FUNETA And the Sto		CHARLES B. H			7600 Osler	Dr, #411, Towso	n, MD 21204
We will be		SPECIFY)	23b. DATE		CEMETERY OR CREMATORY	B'A'LTO	COUNTY STATE
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2100	U DEC	TYPE	CASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR
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h ž	1	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUPATI		KIND OF BUSINESS OR USTRY
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212 bou	ed le		AL RESIDENCE (IF NURSING HOME STATE 13b CC		N. GIVE RESIDENCE BEFOR		113d. INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIP CODE	
AND 24		Ма	ryland Balt	timore	Essex		YES NOW	1000 Frank	linAvenue	e/21221
RYL Hi	である	14 F/	ATHER'S NAME	MIDDLE	LAST	180	15 MOTHER'S MAIDEN NA	ME		1AST .
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o by	Dept f Herr		774 SIGNATURE	10~			DEGREE ATTENDING	MEDICAL STAL		c. DATE SIGNED
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7 6 1	~ > > /	23a. i	BURIAL, CREMATION, REMOV	'AL 23b. DATE	23ε.	NAME OF C	CEMETERY OR CREMATORY	23d. LOCATION	COUNT	TY _ STATE
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(VR	A 15, 4)	1	Walter Brooks	Bradley	Inc. Balt	O., M.	d. 21222 DE	C 1 9 1986	Autia Das	idern Bridgett



			FOR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY	GIENE 8 6	33766
027125	nen	1	STATE		CERTIFICATE OF DEATH	REG. NO.	
021472	DEC	A DE	ASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26 HOUR
0 8 75		TYPE	ORPRINTI FISIP	C.	Grammer	12-	11-86 7:15 1
V 1 15	1	1.58	6 _ (1.	RACE	5. DATE OF BIRTH	6 AGE IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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a special	22		RTHPLACE STATE OR FOREIGN 76	CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH
	6		Md.	U.S.A.	WIDOWED DIVORCED	Baltimore C	County MD.
4 11	9/	,10 CI	TY OR TOWN OF DEATH	. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR INDUSTRY
5 K 1 18	9/	1	Towson	St. Joseph's	Hospital	PBX Oper.	C&P Telephon
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24 24 MI	2	Ma	aryland /	Baltim			xy Ave. 21213
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THE STATE OF THE S	n		VAS DECEASED EVER IN U.S. ARME		JRITY NO. 17 INFORMANT	ADDRESS	21213
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the state of the s	Line Line		PART I. DEATH WAS CAUSED IMMEDIATE		archael hes	nowhage.	
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EST To the state of the state o	900	3	Canditians, if any, which	(b)			
2 1 1 1	14.14		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
though the state of the state o	10		underlying cause last.	(c)			
25, 20	my, o	NO	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART Ita
0 1 10	-	CATIC	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
10 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	1 /	FRC					TIFYING CAUSES OF DEATH? YES NO NO
TA TOO TO THE	4	CERT	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN ITEM I	
A SALE DE LE SALE DE L	0	NE O	OR CONTRIBUTING CAUSE OF DEATH		AY YEAR		
ON O	2/	DIC	(IF EITHER NOTIFY MEDICAL EXAMINER)	P,M, 21e. PLACE OF INJURY	21f LOCATION		
IVISIO PH CHEMICAL CONTROL OF THE CHEMICAL CONTROL OF C	Total Control	MEDI	NOT WHILE AT WORK	AT HOME, STREET, FACTORY, OFFICE,		CITY OR TOWN	COUNTY STATE
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## P#5	5		saw the deceased alive an abave, (I) (we) (did) (did nat)	view the bady after death.	, and that in (my) (aur) apinian	death accurred an the date and h	naur and fram the causes stated
My Mary	Berry		22b. SIGNATURE		DEGREE		221. DATE SIGNED
4 4 4 6			Mutword end	D. de teer	m, D. ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	12/11/86
S P P P P P P P P P P P P P P P P P P P	8		224. PHYSICIAN'S NAME TYPE OF	RINT	77e ADDRESS	/	. 0.1 . 15
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0.0	1	23a E	Burial, CREMATION, REMOVAL Burial I	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY NOTEL and Mem. Pk	23d LOCATION CITY OR TOWN Park VIII	Balto. Md.
ВР		24-F	NERALDIRECTOR 3 T MES			TERRECID. AN REGISTRAR 256 REG	ISTRAR'S SIGNATURE
DHMH - 16 60M (VRA 15, 4)	7/84	60	DETRICE. ALTEN	Balto MERAL	Id. 21214	U 1 0 1980 July	a Deadon-Randon
(41111 13, 4)		_	TO HALLOTA NO	, Darco, I	CTCT-	10	



STATE OF MARYLAND

FOR - STATE REGISTRAR 4 DECEASED NAME

(TYPE OR PRINT)

3 SEX

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

26. DATE OF DEATH MONTH LAST 26 HOUR GRAMMER December 15, 1986 6. AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS July 11, 1892

4. RACE Female White TO BIRTHPLACE ISTATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY?

AUDDIE

IMMEDIATE CAUSE

FANNIE

MARRIED NEVER MARRIED U.S.A. WIDOWEDKT

DIVORCED [11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

Baltimore County, TYPE OF WORK FOR MOST OF WORKING LIFE Home Maker

13e.STREET ADDRESS / ZIP CODE

12b. KIND OF BUSINESS OR INDUSTRY Own Home

Hines

Maryland 4. FATHER'S NAME

Maryland

10 CITY OR TOWN OF DEATH

Carney

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
13b. COUNTY
13c. CITY OR TOWN Baltimore Carnev

(IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

9800 Harford Road

R.

15 MOTHER'S MAIDEN NAME

9800 Harford Road 21234

BALTIMORE CITY OR COUNTY OF DEATH

Phillip George

18 CAUSE OF DEATH (Enter only one couse per PART L-DEATH-WAS CAUSED BY:

De Baugh 166 SOCIAL SECURITY NO. 215-09-7552

17 INFORMANT

Elizabeth

ADDRESS Mrs. Dorothy E. Brown 3214 Northwind Road

Wilson

Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost

1% CONDITION FOR WHICH OPERATION WAS PERFORMED

IN CERTIFYING CAR SECOF DEATH?

21st ACCIDENT WAS UNDERLYING. OR CONTRIBUTING A CAUSE OF DEATH OF TITHER NOTIFY INCOCH EXAMINERS THE INJURY OCCURRED

21s. PLACE OF

22s.1 certify that (I) (this haspital) aftended /

DEGREE

23a BURIAL CREMATION, REMOVAL 23b. DATE

Frank T. Kasik, Jr., M.D.

27e: ADDRESS

9005 Harford Road

Burial 4 FUNERAL DIRECTOR Dec.17,1986 Parkwood Cemetery 23d LOCATION Parkville

DIRECTOR | PHYSICIAN

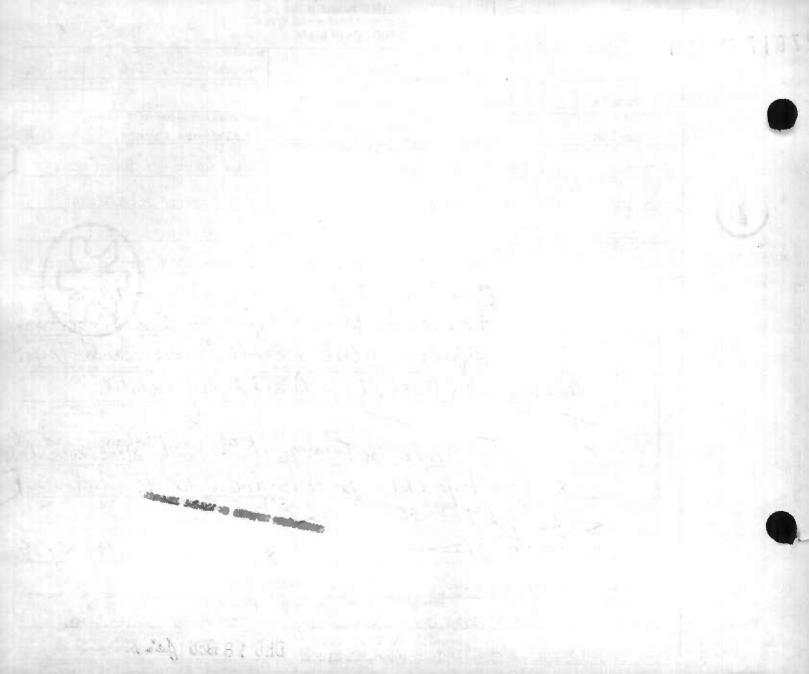
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THE DATE & SOMED

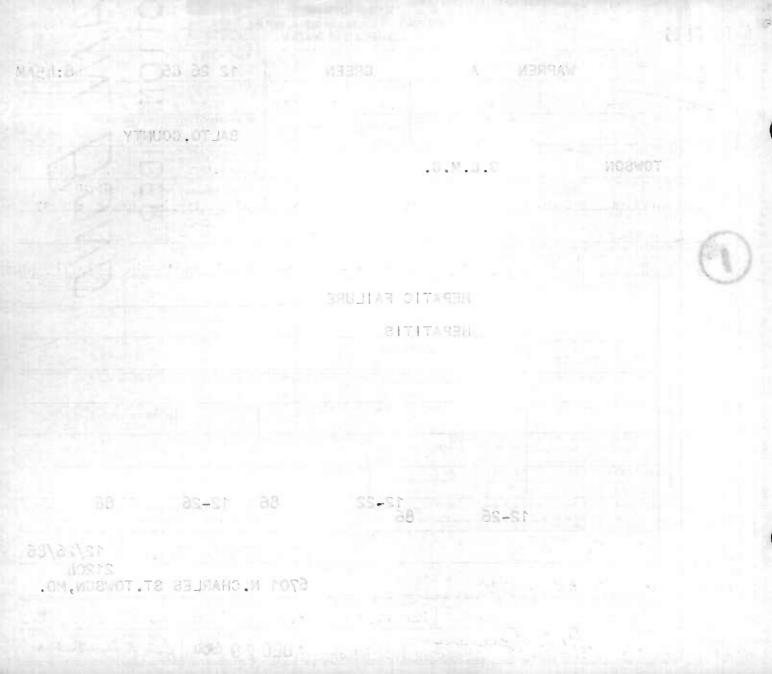
ADDRESS 1050 York Road Ruck Towson Funeral Home, Inc. Towson, Md. 21204

23c NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)



		FOR			DEPART		E OF MARYLA		HENE A F		3 3	1 15 53
DEC 31	88-	STATE REGISTRAR			DEI ANI		ICATE OF D		REG. 1	10.	0 0	. 0 0
n <u>e</u>	1. DEC	CEASED NAME OR PRIN	FIRST		MIDDLE		AST		2a DATE OF DEATH	ниом	DAY YEAR	26 HOUR
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900 4	USUA	AL RESIDENCE (# NURSIN	IG NOME OR	OTHER INSTITUTION							Indu:	
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11	=	No 1			216-16-		Ruth	E. Gre	en, 201 Ea	istspr		MATE INTERVAL ONSET AND DEATH
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orbo orre			MINEDIA		R AS A CONSEQU			7			-	
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or oth		underlying couse	lost.	(c)								
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ond Mentol Hygiene keder, Hem 18 shovs		OR CONTRIBUTING CA	USE OF DE A	HOUR A.	M. MONTH	DAY YEAR	211.11047 4	JOK! OCCUR	(ENTER NATURE OF IN)	URY IN ITEM 18	PART I OR PART 2)	
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y vor		AT WORK AT WORK			- 1.	12-	2	8	6 to 12-26		10. 86	
of Health and Mento		220.1 certify that (1) (t saw the deceased	alive on	-12 - 26	19_	0.0		,	death occurred on the			that (I) (we) lost
2 c c c		obove, (I) (we) (did 22b. SJGNATURE	d) (did na	t) view the body	ofter death		DEGREE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Total October 201 Me	sare ona no	22c. DATE	
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with the State	22- 0			54174		NIA LIF OF C				0 01	• 10W5U	N, MD.
	230 B	urial, Cremation, re Burial	EMOVAL	12/29			emetery or co		Parkville	Rat	COUNTY	78%
		INERAL DIRECTOR	da morre	12/23	700 [arkwo	ou cell	,	E REC'D. BY REGISTRA			
6 60M 7/84		NAME	lail	· West	LA ST BODRESS	D .		DE		A.C.	Devider.	Pandace
15, 4)	M	artin D. L.	awso	n. 10 W.	Padonia	a Rd.	Timoni	um UE	0 2 3 1000	guna	Dr. of 1	Same,



FOR

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

8	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	0.		
	CEASED NAME FIRST		MIDDLE	Į.	AST	20 DATE OF DEATH	MONTH D	AY YEAR	2b HOUR
Tirk	Conrad		W.	Gri	ffin	12-30-86			M
3 SE		4 RACE		S. DATE C		& AGE (IN YEARS LAST BIR		FUNDER I YEAR	IF UNDER 24 HRS
	Male	White			-26	60	YRS		
76 B	IRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 SEPA	RATED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
	Balto. MD.	U.S	.A.	WIDOWE		Baltimor	e Coun	ıtv	MD
	ITY OR TOWN OF DEATH	(IF NOT IN SUC	H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	12a USUAL OCCUPATI			F BUSINESS OR
	Perry Hall				rt Apt. A	Metal Pr	oducts	Kop	pers Co.
	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUN Md. B		13c. CITY OR TOWN Perry	N	13d INSIDE CITY LIMITS?	13e STREET ADDRESS A 8517 Hea		Court	21236 Apt. A
14. FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LAS	
	James Russell		riffin			Baumgartner		LAS	
	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			21236
· (YES. YOR UNKNOWN) (IF YES, GO	WIT DATES)	219-10-8	922	Denis B.S. Gr	iffin - 851	7 Heat	hrow C	t. Apt.
	18 CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	ily one cause per D BY: TE CAUSE (o)	line for (a), (b), and	Ha.	رائده			BETWEEN	MATE INTERVAL ONSET AND DEATH
7	Conditions, if ony, which gove rise to immediate couse to stoling the underlying couse lost. PART 2 OTHER SIGNIFICANT ((b) DUE TO, O	R AS A CONSEQUE	NCE OF	NOT RELATED TO THE TERMI	inal disease or con	DITION GIVE	N IN PART 110	
CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?		WERE FINDING CAUSES	
	21g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	1171		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY OFFICE FA	ARM ETC)	211 LOCATION STREET	CITY OR 10	WN	COUNTY	STATE
	22a I certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no		19		nd that in (my) (our) opinion d	eoth occurred on the de	ote and hour	0	that (I) (we) lost couses stated
	Schicl	ti			DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F IAN X	221. DATE	SIGNED SIGNED
	224 PHYSICIAN'S NAME (TYPE C	Her			600 N WOI		Umne	MD 8	4205
23a (BURIAL, CREMATION, REMOVAL (SPECIF Burial	23b. DATE 1-3-			emetery or crematory as of Faith Ce	23d LOCATION CITY OR TOWN Balto.	MD.	COUNTY	STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

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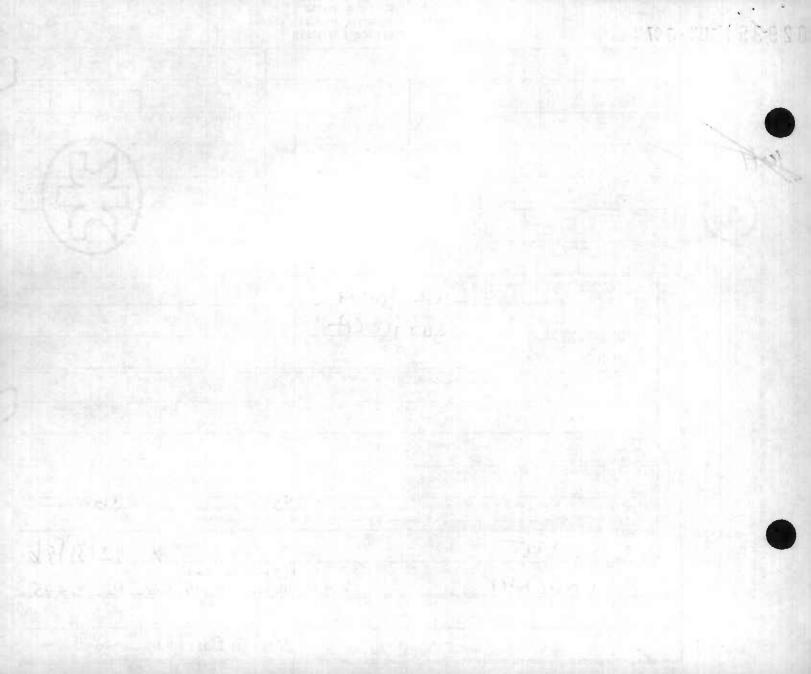
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24 FUNERAL DIRECTOR

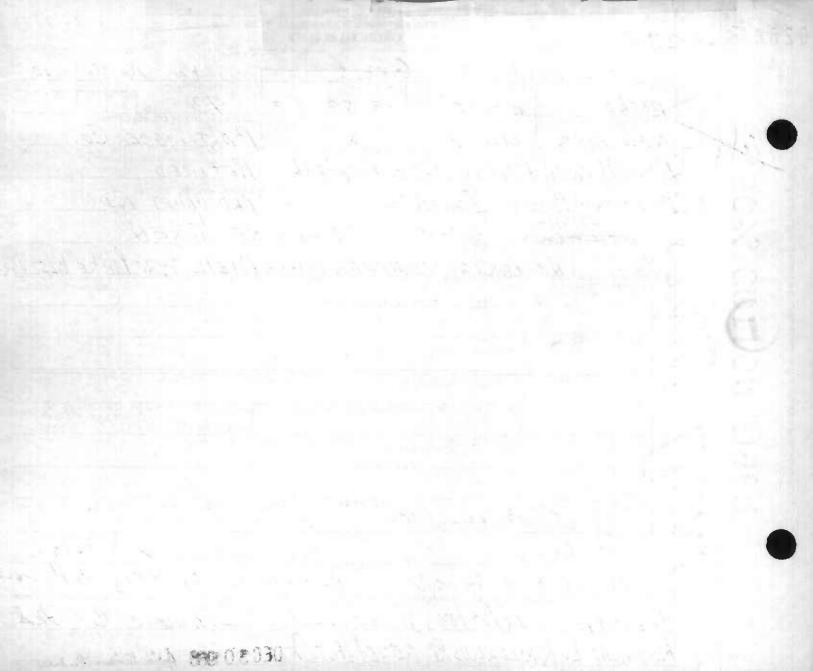
TENDING

John C. Niller Inc.-6415 Belair Rd.-21206

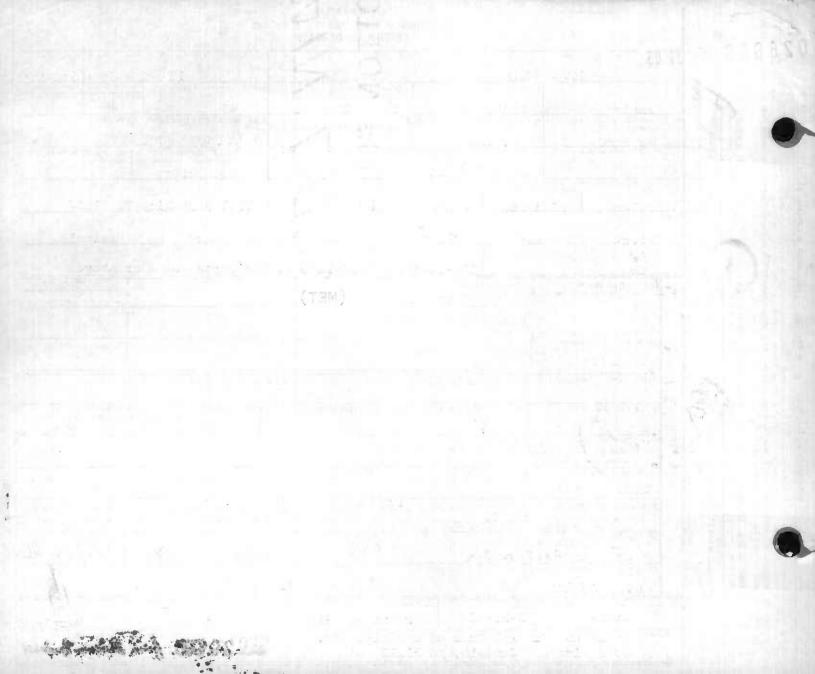
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6 6 2	1. SEX		4. RACE		5. DATE OF	BIRTH	6. AGE (IN YEARS LAST B	RTHDAY) IF UI		UNDER 24 HRS
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101	10. CI	TY OR TOWN OF DEATH	II NAME	OF HOSPITAL, NURSIN		OTHER INSTITUTION	12a. UŠÚAL OCCUPA		126. KIND OF BU	USINESS OR
2014	0	1.12011	13 IF NOTE	IN SUCH FACILITY, GIVE STREET	ADDRESS)	-niral	TYPE WORK FOR MOST	OF WORKING LIFE)	INDUSTRY	
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X 20 00 0 75	-		DUE T	O, OR AS A CONSEOU	ENCE OF			Accessed to		
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3 - 100		cause (a), stating the underlying cause last.	DUE T	O, OR AS A CONSEOU	ENCE OF					
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5,3	-	PART 2. OTHER SIGNIFICANT	CONDITION	NS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERM	IN AL DISEASE OR CO	NDITION GIVEN	IN PART Ita	
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e de le	1	T (TYPE		KATHE	RINE	MARY	G	UTIERREZ	K 3 1 1 1 1 1	12 26	86	6:10
you a	1	3 SE			1 RACE		5. DATE O	OF BIRTH	6 AGE (IN YEARS LAST BI	A 64	UNDER I YEAR	IF UNDER 2
de de 4	18%		Female		White		MONT	20 1937	49	YRS.	THS DAYS	HOURS
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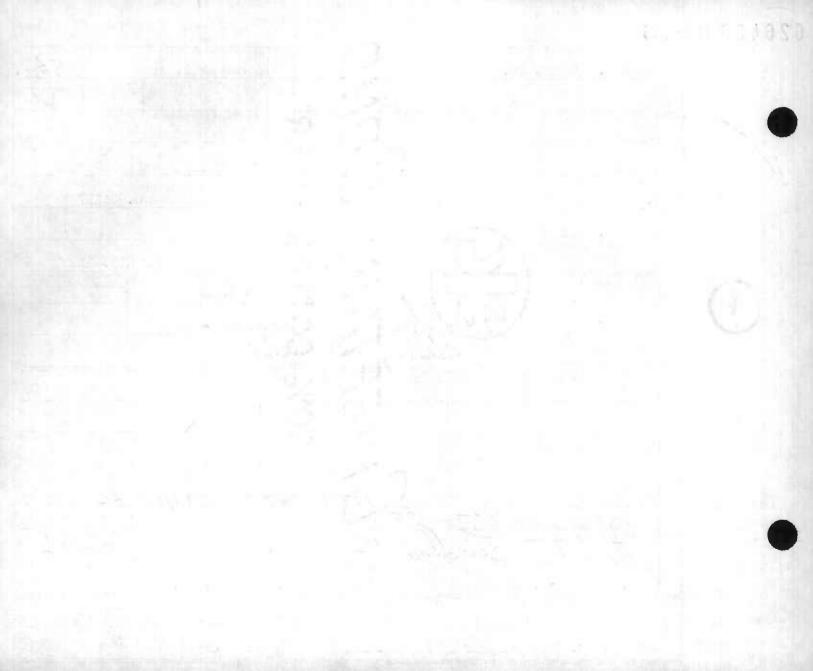
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24 FUNERAL DIRECTOR

Ambrose, Inc. 1328 Sulphur Spring Rd. 21227

DHMH - 16 60M 7/84

(VRA 15, 4)



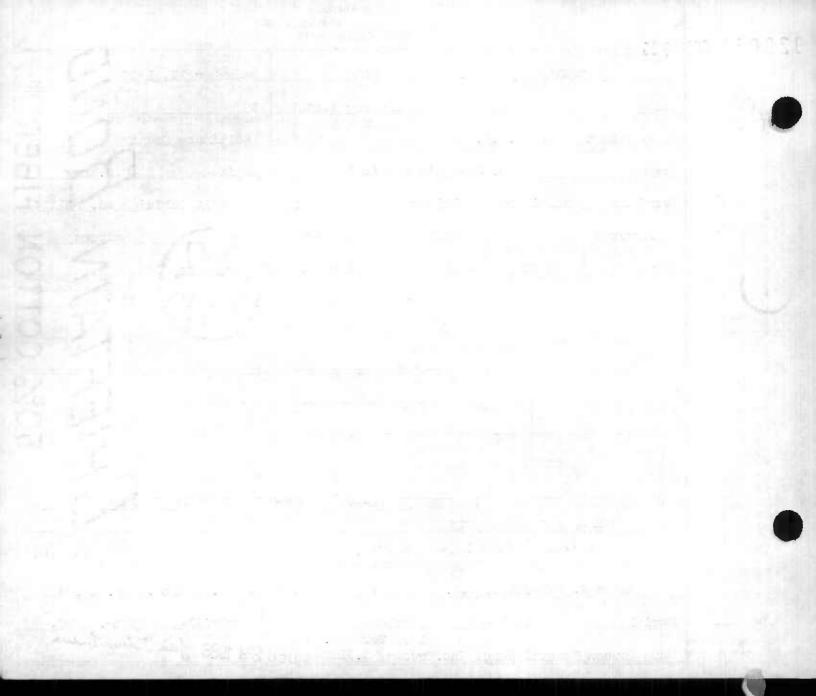
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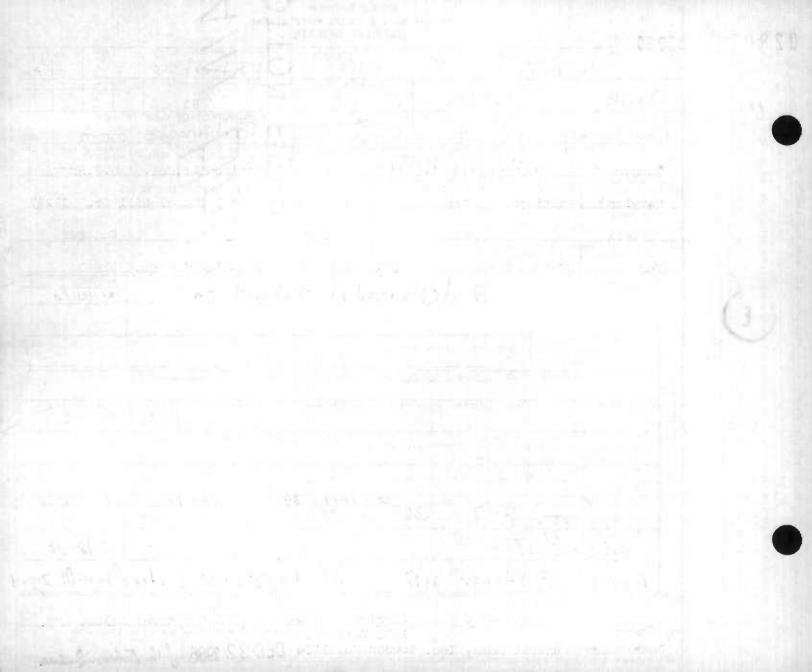
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REG. NO 20 DATE OF DEATH MONTH 2b. HOUR December 17, 1986 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS BALTIMORE CITY OR COUNTY OF DEATH Baltimore County 12a USUAL OCCUPATION 126. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Retired U.S. Army 13e.STREET ADDRESS / ZIP CODE 8616 Oakleigh Rd. 21234 MIDDLE Andrews **ADDRESS** Flora R. Hall - same as #13e APPROXIMATE INTERVAL PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I 10 20e AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NOF YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) CITY OR TOWN COUNTY STATE and that in (my) (our) opinion death accurred an the date and haur and from the causes stated 22c. DATE SIGNED MEDICAL STAFF 86. PHYSICIAN DIRECTOR PHYSICIAN 2314 E. Joppa Rd., Balto., Md. 230 BURIAL, CREMATION, REMOVAL 23d LOCATION 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY [SPECIFY] CITY OR TOWN COUNTY STATE BP Burial 12-20-86 Moreland Parkville Balto Md. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURES 24 FUNERAL DIRECTOR ADDRESS 1050 York Rd. DHMH - 16 60M 7/84

(VRA 15, 4)

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

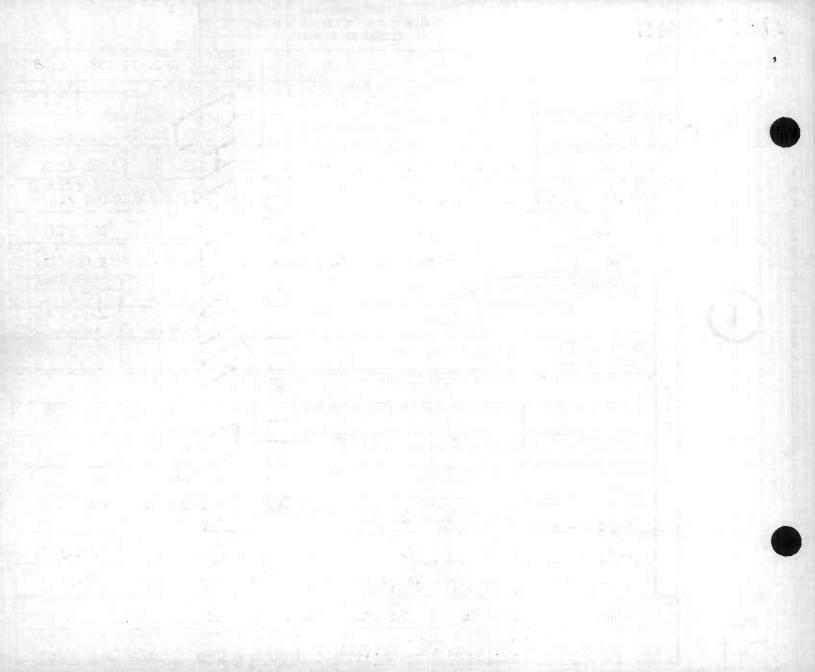




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	nay be page 3 er death			// _	MARSE				
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	e 4 s of		male.	White	MONTH / 03 1 2 1	(63)			
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RY	the state of the s	14. F	ATHER'S NAME	IDDLE (AS	15 MOTHER'S MA		LAST		
A. Victor Hansen 15. MOTHER'S MAIDEN NAME FIRST A. Victor Hansen 15. MOTHER'S MAIDEN NAME Grace D.							ler		
	÷ 0	16a \	WAS DECEASED EVER IN U.S. ARM		SECURITY NO. 17 INFORMANT	ADDRE	SS		
BALTIMORE,	Pages medical	. (YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	129110 Mrs. Ann	ne C. Hansen sa	me as # 13		
È	Per rs. P			10919		ne of hansen se			
8	ysic ape ival.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for (o), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
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ā	or of Aft			d) attacked the departed t	12-21	80 120	87		
	Tolar Services	13	22a. I certify that (I) this pospital sow the deceased alive	2 21	20 22 and that in (my) (pu)	Species death accurred as the de	ote and hour and from the causes stated		
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		230.	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAME OF CEMETERY OR CREM	CITY OR TOWN	COUNTY STATE		
	BP Cremation 12/22/86 Westview Crematory Baltimore Mary								
DHMH - 16 60M 7/84 (VRA 15.4) 24 FUNERAL DIRECTOR Ruck Towson Funeral Home, Inc., 1050 York Road 250. Date Rec'd. By Registrar 256 F							256 REGISTRAR'S SIGNATURE		
	(VRA 15, 4)	Ru	ck Towson Funera	al Home, Inc,	1050 York Road	DEC 29 1986	Aulia Davidson Randallo		

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deleted by the hospital or attending physician.

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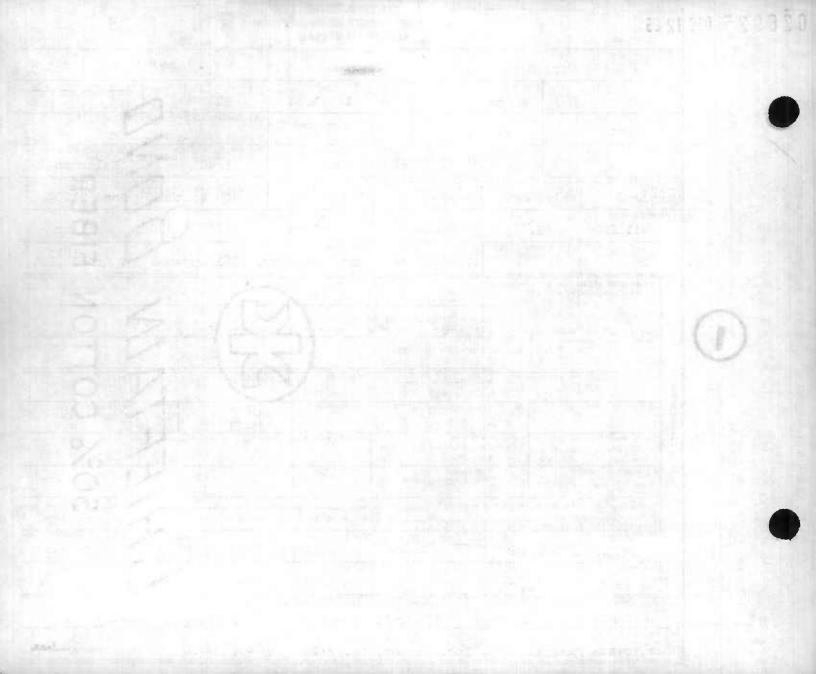
STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENI
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		CEASED NAME	FIRST	,	MIDDLE		AST	20 DATE OF DEATH	MONTH DA		26 HOUR	
	(TYPE	TYPE OR PRINT)		Gerald F.		• Hanson			12/04	/86 10:30p _M		
	3 SE)	(4 RACE		5 DATE OF BIRTH		6. AGE (IN YEARS LAST B	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS	
		Male		White		Jan	10, 1964	82	YRS.	ONTHS DAYS	HOURS MIN.	
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1	10. CI	O. CITY OR TOWN OF DEATH			NAME OF HOSPITAL, NURSING HOME OF CIPNOTING SUCHEACHING SIVE STREET ADDRESS) GBMC-6701 N. Charles		R OTHER INSTITUTION			126 KIND OF BUSINESS OR INDUSTRY Salesman		
2		Towson		GBMC-6/UL N. Chai				Retired		Salesman		
1	13a S	at RESIDENCE (IF NOR: Cyland		TMORE	13c CITY OR TOW TOWSON		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS	therly	Road	21204	
0	I4 FA	FATHER'S NAME William		G. Hanson		n	is. MOTHER'S MAIDEN NA FIOTA	ME MIDDLE		Mîller		
1	léa V	60 WAS DECEASED EVER IN U.S. ARA (YES, NO OR UNKNOWN) (IF YES, GIVE				RITY NO.	17 INFORMANT		ADDRESS		21012	
				472-05-1544			Mary Lynn Ray, 1261 Dogwood R			d. Arnoid, Md.		
		18 CAUSE OF DEAT	H (Enter or	ly one cause per	line for (a), (b), and	d (c				APPROXI BETWEEN	MATE INTERVAL DNSET AND DEATH	
	-3	PART I. DEATH W		E CAUSE (D)	Myocar	dial	Infarction					
		0000			R AS A CONSEQUE							
1		Conditions, if ony, which ((b) Atheresclerotic & cardiovascular disease										
-		gave rise to immediate cause (a), stating the DUETO, OR AS A CONSEQUENCE OF										
		underlying cause last (c)										
	Z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110										
-	ATIC	19a. DATE OF OPERATION 19b CONE			ITION FOR WHICH					WERE FINDINGS USED		
	CERTIFICATION							YES X NO	ING CAUSES	IG CAUSES OF DEATH?		
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	,	AT WORK AT WO	HILE			- 117				- 0,		
		22a.l certify that (I)			e deceased from	11/	12 19 86	, 10	. 19		that (I) (we) last	
		saw the deceased alive an										
		276. SIGNATURE DEGREE ATTENDING MEDICAL STAFF							22c. DATE SIGNED			
		224. PHYSICIAN'S NAME (TYPE OR PRINT)					PHYSICIAN DIRECTOR PHYSICIAN 12/05/86					
			,		ters, M.D.		GBMC-6701 N. Charles Street					
	23a B	URIAL, CREMATION,	REMOVAL	23b. DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION	MANUEL.	COUNTY	STATE	
	-	Crematio	n	12-8-8	36 We	stvie	w Crematory	Baltimo	re, Mar		STATE	
	24. FL	1050 York Rd 250 DATE RECD. BY REGISTRAR 258 REGISTRAR 258 REGISTRAR 25 SIGNATURE										
	Ru		Funer	al Home	, Inc. To	wson,	Md. 21204	DEC 1 0 1981	Gilla	Diolder	. Kandass	

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After this certificate his should be detached for use as the burial-transit provide the State Dept. of Health and Mental Hygien IMPORTANT: If them 21 is marked or them 18 shi



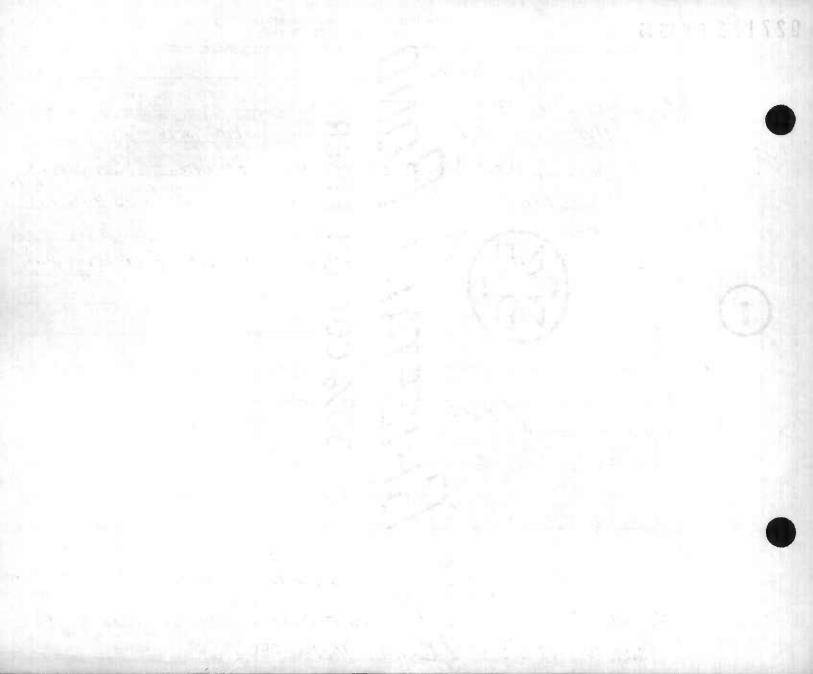
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1 5 C 1	1	Ind.	US.A.	WIDOWED DIVORCED	BAITIMOR	e County MD.
CH IT &	1/10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR
いり まる	a	Patrosville	MORACINE GIVE STREET	NURSING Home	Printer	RKING LIFE) INDUSTRY
1 3 6	7-10	UAL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION GIVE RESIDENCE BEFO	RE ADMISSION)	1 / 1/1/10/5	2100
2 33 3	5 4 13	STATE M 1 136 SOUN	13c CITY OR TO		13e.STREET ADDRESS ZIP	GODE MILE
7 36 3	1	110. 6	REGILL FINKSI	DURG YES NO Z	1301	linger mill Kel.
1 15 /	11	FATHER'S NAME	MIDDLE 1 LAST	15. MOTHER'S MAIDEN NA	WIDDLE	On LAST
1 11/18	04	11/14/11/15	HARRIS	EMMA		Kigney
1 20 3	160		MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDRESS	- 0: 0 1
e cod	11	(YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	Florence	HARRIS !	FINKSburg, Md.
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The same		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), o D BY:	10 MI - 115611	(2)	BETWEEN ONSET AND DEATH
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H # 635 F		saw the deceased alive on obave, (1) (see (did) (did no	t) view the bady ofter death.	ond that in (my) (our) opinion	death occurred on the dote o	nd hour and from the couses stated
· 古 語 4 日 日		226. SIGNATURE		DEGREE		22c. DATE SIGNED
0 1 0 00 ±		my		ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12-11-86
A September 1	1	22d PHYSICIAN'S NAME LIVE O	R PRINT)	22e. ADDRESS	. FA	0 1100
HOS PORT	/	UFBROTE	ANGOV.	3356 VI	under	WI BULLOW
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EZ 1 -	23	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	Accounts
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3000	24	FUNERAL DIRECTOR	1	25a DA1	EREC'D. BY REGISTRAR 256.	REGISTRAR'S SIGNATUREA
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(VRM 13, 4)		INTERNATION NO.	NUVIA. MILLEY	MMIII	1 1) 4 1	



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Poge	20°F	MALE SIRTHPLACE (STATE OR FOREIGN	WHITE	WHAT COUNTRY? 8	12 1	8 22	9 BALTIMORE CITY O	YRS.	FATU	
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24 hou	13a	NARYLAND BAI		GIVE RESIDENCE BEFORE AD 13¢, CITY OR TOWN		SIDE CITY LIMITS?	13e STREET ADDRESS /	zip code ve Rd. Ba	alto.M	d.212
ad within	14. F.	ATHER'S NAME John	Wesley	Harris,		Virgie	ME		Ame	nt
P 17	16a '	WAS DECEASED EVER IN U.S.		166 SOCIAL SECURIT	TY NO. 17 INF	ORMANT	ADDRE	SS		
e co p		(# YES	GIVE WAR OR DATES)	217-18-5	794 Jar	nes Harris	405 Whitta	ker Mill	Rd.	2104
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he hos	CERTIFICATION						YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES OF	DEATH?
Z S O O T O	U	21a. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY	21c H	OW INJURY OCCURE	DED /	EV INLITE AL LE DART LO	R PART 2)	
SICIA ng ph certifi certifi ental-tr	CAL	OR CONTRIBUTING CAUSE OF	INER) P.A	۸.	19	1.03	CO (ENTER NATURE OF INJUI	THE PACE OF		
NG PHYSICIAN Ottending phy fler this certific os the burial-tre th and Mem1s! orked or flem 1s	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C (AT HOME, STRE	A. DF INJURY EET, FACTORY, OFFICE, FARM	19 21f. LC	OCATION STREET	CITY OR TO	wn cc	OUNTY	STATE
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OR ATTENDING PHY: e hospital or attending DIRECTOR After this ched for use as the bu Dept. of Health and M Hem 21 is marked or	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that XI (this has sow the deceased alive above, (Injwe) (did) (did) 27b. SIGNATURE	P.W. 21e. PLACE C (AT HOME, STRE on Decembe (Mot) view the body of	A. DE INJURY RET, FACTORY, OFFICE, FARM Redecosed from NC	19 21f. LC ovember 6 , ond that i	DCATION STREET 6 , 19 86 In (Xy) (our) opinion of ATTENDING PHYSICIAN	to December to December to December death occurred on the do	wn co r 24 19.81 ate and hour and f	OUNTY the	t XII (we) lo
OR ATTENDING PHY: e hospital or attending DIRECTOR After this ched for use as the bu Dept. of Health and M Hem 21 is marked or		(IF EITHER NOTIFY MEDICAL EXAM 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that X) (this has sow the deceased alive obove, (Injury) (Injury) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TY)	PEOR PRINT) P.M. 21e. PLACE C (AT HOME, STRE On Decembe (Mot) view the body of	A. DF INJURY DF INJURY LET, FACTORY, OFFICE, FARM E deceosed from No. LY 24 19 86 Other deoth.	19 21f. LC OVEMBER DEGREE	ATTENDING PHYSICIAN DORESS	to December, to December to December to December the december of the december	wn co r 24 19.81 ate and hour and f	6, the from the cou 2c. DATE SIC	t XII (we) li
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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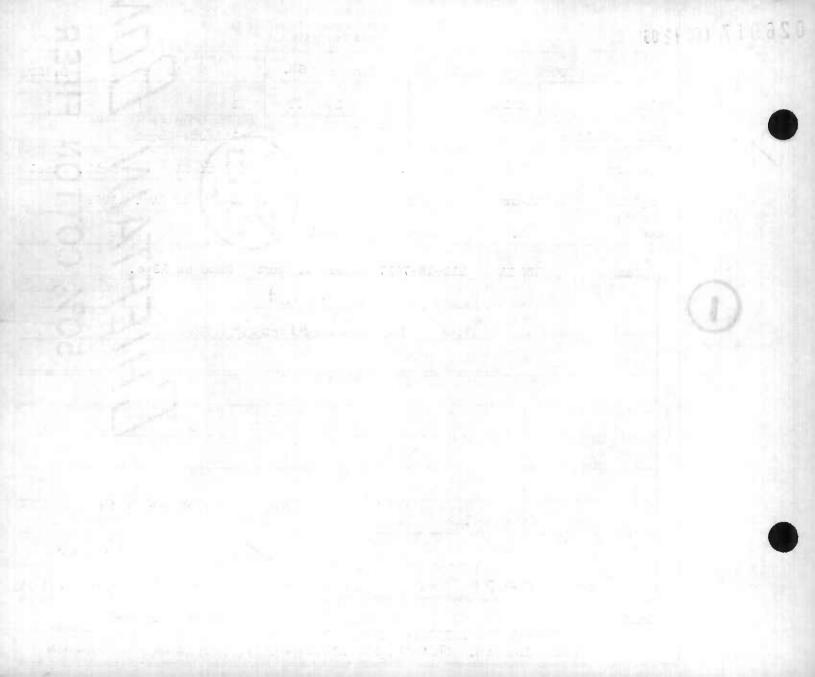
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DHMH - 16 60M 7/84

(VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201

1	12	REGISTRAR				CERTIF	ICATE OF D	EATH		REG. NO	0.			11
		CEASED NAME	FIRST		MIDDLE	l	AST		20. DATE OF		MONTH	DAY YEAR	2b HOL	UR
	(TYPE	OR PRINT)	OTTO		DUKE	HZ	ART	SR.]	L2 6	86	3:	45P _M
	3 SEX	(4. RACE		5. DATE C	OF BIRTH		6. AGE INYE			IF UNDER I YEAR		711
^	Ma	le		White		MONTH 6	18	33	53		YRS	MONTHS DAYS	HOURS	MIN,
	7a. BIF	RTHPLACE (STATE	OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8			9 BALTIMO	RE CITY O		Y OF DEATH		
1	No	rth Caro		USA		WIDOWE		ORCED [Balti	more	Count	ty		MD.
		TY OR TOWN OF E	DEATH	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INST	TUTION	120 USUAL C			126 KIND (ESS OR
	P	gemere	LIRSING HOME OF		lughes Ave			7.5	Millw	right		Beth	. St	eel
1	130. S Ma	ryland	13b COUP		13t. CITY OR TOWN Edgemen	V	136. INSIDE CI	TY LIMITS?	7222 H	DDRESS /	ZIP CODI Ave	. 21219		
0	Fr	THER'S NAME		MIDDLE C.	Hart		15 MOTHER'S		ME	MIDDLE	1	Duke 1A	ST	
		AS DECEASED EV		MED FORCES?	166 SOCIAL SECU	RITYNO	17 INFORMAL	VT		ADDRE	SS		113	
	- { 7	Yes	(IF YES GIV	WW II	212-28-	7617	Nancy	C. Har	t Sai	me as	13 e			
		18 CAUSE OF DE	ATH (Enter or	ly one couse per	line for (a), (b), and	40	Λ	1				BETWEEN	CIMATE INTE	RVAL
		PART I. DEATH		E CAUSE (o)	Cardenje	Imo	nam f	nest					76	
١				DUE TO, OI	R AS A CONSEQUE	NCE OF	9	4.0				4 1 7		
1		Conditions, if o		(b)	metasta	tu	renelo	all co	arcin	un	a.		1	
ı	10	couse (o), sto	ting the	DUE TO, OF	R AS A CONSEQUE	NCE OF								
1		underlying cou	use lost	(c)_										
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7	ATIC	190 DATE OF OPER	RATION	19b CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTO	PSY?	20b IF YES	S, WERE FINDI	NGS LISE	D
1	CERTIFICATION								YES 🗆	NOD	IN CERTI	FYING CAUSES	OF DEAT	TH?
4	CER	21a. ACCIDENT WAS	_	216. TIME O		V V5.5	21c HOW INJ	URY OCCURR	ED (ENTERNAT					
	AL	OR CONTRIBUTING	_	TH.	M. MONTH DA M	Y YEAR								
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1	2	AT WORK AT	WHILE O	TAT HOME, SIK	EET, FACTORY, OFFICE FA	RM, ETC.)	SINCET			CITTORTOV	*14	COOKIT		ITAIL
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ı		obove, (I) (we	osed olive on) (did) (did no	DECEMBE 1) view Hy Doody	ter death.	. on	d that in (my) (our) opinion d	death accurred	on the do	te and hou	n and from the	couses sto	oted
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		22d PHYSICIAN'S	h NI	EHOP	F mp		6800		INGT ON	RO.	BA	LTO, m	0 21	222
		URIAL, CREMATIO	N, REMOVAL	23b. DATE			EMETERY OR CI	REMATORY	23d LOCAT	FION PR TOWN		COUNTY		STATE
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	24 FU	NERAL DIRECTOR		Ruck Fur Wise Ave	neral Homo			F34 .				RAR'S SIGNAT		
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			1. DECEA	SED NAME	FIRST		WIDDLE	11	AST	20. [DATE OF DEATH		DAY YEAR	2b. HOUR
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	fer of		3. SEX			4 RACE		5 DATE (OF BIRTH		GE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
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SYL.	ethin 2 sh	au l	14. FATHE	R'S NAME	-1-1	AIDDLE	LA:		15. MOTHER'S MAIDEN					
W.	old mo		John	riasi	~	E.		nahan	Eugenia		F.		Sieber	t
ORE,	xecut	good		DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDR	ESS		
TIMO	Pag	E	No				218-1	4-8958	J. Frederi	ick Ha	asson sa	me as	13e	
CORDS, 201 W. PRESTON ST.,	w requires that been signed by mit. Then please oriar to burial, ar	ony injury, or other traumorice	PA NOI	enditions, if any, over rise to imm use (a), statin derlying cause RT 2 OTHER SIGN DATE OF OPERAL	nediate ig the last. NIFICANT Co	DUE TO, OI (b) DUE TO, OI (c) ONDITIONS CC	R AS A CON		NOT RELATED TO THE	TERMINAL	DISEASE OR CON	DITION GIV	, WERE FINDIN	IGS USED
AL RE	. 5000	Smo Z	I E							YI	ES NOT		YING CAUSES	OF DEATH?
DIVISION OF VITAL RECORDS, 201	by ATTENDING PHYSICIAN. hospital or attending phys IRECTOR. After this certifica hed for use as the burial-tran tept, of Health and Mental Hy	if them 21 is morked or them 18 sho	21d. WEDICAL 22d.	ACCIDENT WAS UND CONTRIBUTING CO FEITHER NOTIFY MEDIC INJURY OCCUR HILE NOTIFY AT WORL I certify that the saw the decease abave. He (werry)	CAUSE OF DEAT CAL EXAMINER) RED THE RE This haspite ed alive an	P.I. 21e. PLACE (AT HOME STR	M. MONTI M. OF INJURY REET, FACTORY, C	office, FARM, ETC.) from	nd that in (my) (our) api	CCURRED (CITY OR TO	RY IN ITEM 18 P	COUNTY	STATE that (*) (we) lost causes stated
	_ _ ← o '			X	en	. 1100	1	m	ATTENDIN	NG ME	EDICAL STA	FF CIAN []	11-	30/86
(etained by ill TO FUNERAL should be det	A PACK	22 d	PHYSICIAN'S NA	AME (TYPE OR		ccs.		76 20 9	ork	Rd 7	O'ex s	ion M	21/2/202
		-1	23a. BURIA	AL, CREMATION,	REMOVAL	23b. DATE	/		EMETERY OR CREMATO	ORY 23	d. LOCATION		COUNTY	STATE
	BP		Buri			01/02	/1987	Parkwoo	d Cemetery	I	Baltimore	. Mar	vland	
D	HMH - 16 60M	/84	_	RAL DIRECTOR			ADD	RESS		DATE REC	D. BY REGISTRAR	25b. REGIST	RAR'S SIGNATU	JRE
	(VRA 15, 4)		reon	ard J. R	uck,	Inc. Ba	ltimor	e. Marvl	and L	JEC 3	1 1200	Gulia ,	Twidon . To	andall.

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DHMH - 16 60M 7/84

(VRA 15, 4)

REGISTRAR

DECEASED NAME

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 10 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22: DATE SIGNED 0/5/411 Old Frederick Road, Baltimore, MD. 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY Burial Baltimore MT. OLIVET Maryland 24 EUNERAL DIRECTOR RUSSell C. Witzken Funeral Homes P. A DEC 250. DATE REC'D. BY REGISTRAR 256, REGISTRAR'S SIGNATURE Julia Davidson Pandases 1630 Edmondson Avenue Catonsville MD 21228

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

2b. HOUR

HOURS

126. KIND OF BUSINESS OR

Home

21229

13

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

IF UNDER 24 HRS

1986

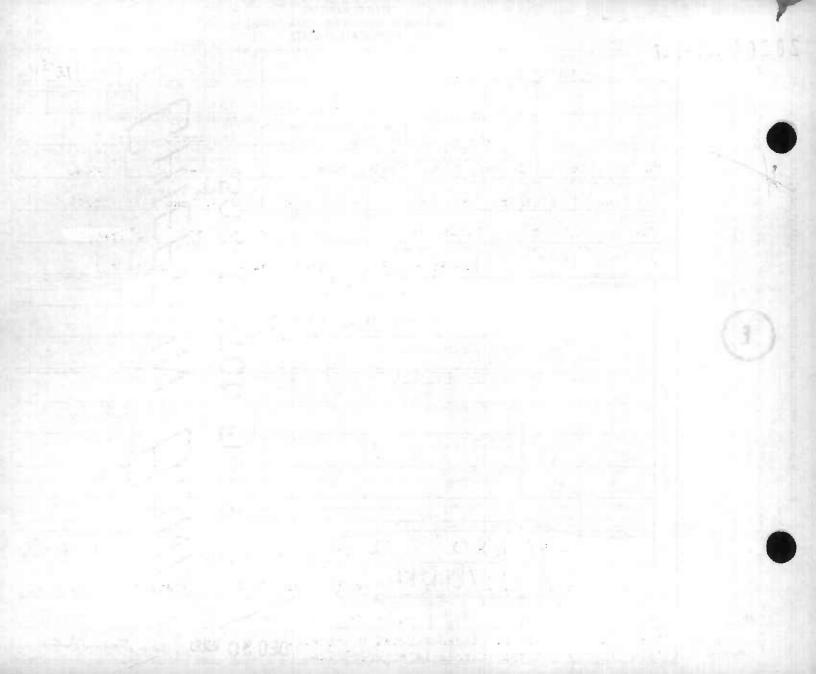
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DAYS

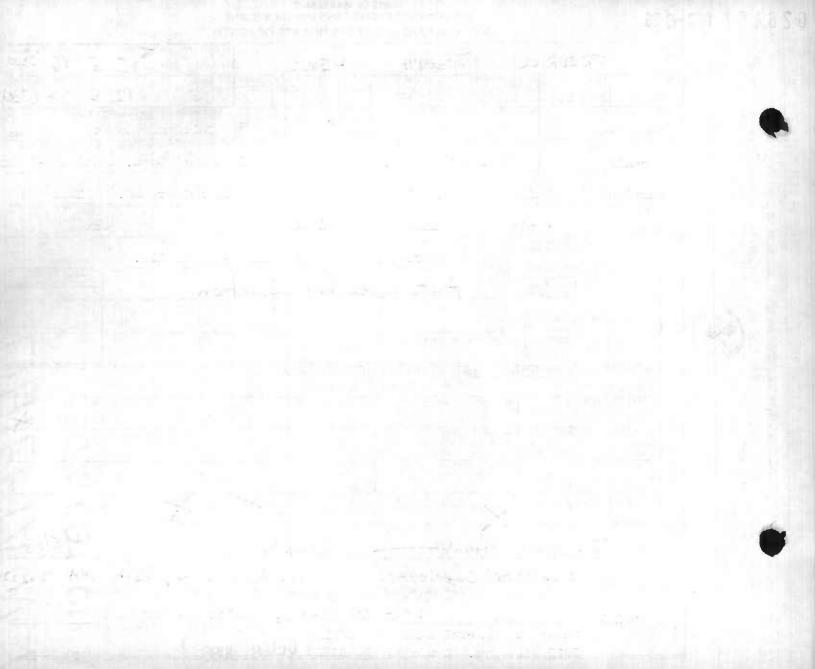
20 DATE OF DEATH



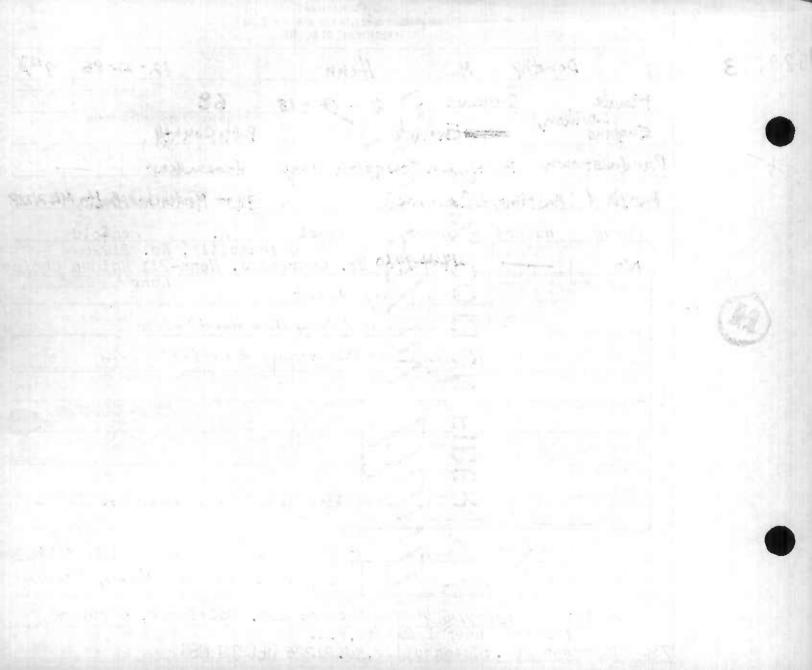
Burgee-Henss FH. 3631 Falls Rd 21236

(VRA 15, 4)

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0 2 0 1 0 1 0 2 0		REGISTRAR		MED	DICAL	EXAMIN	IER'S C	ERTIFIC	CATE OF	DEAT	н	REG. NO.			
S.S.S.S.		CEASED NAME E OR PRINT)	FREDRI	ck	JOSI	于什		HEIN	15		DATE KNO OF ES	OWN STI-	MONTH 12	5 19 S	
LEA! CTO FILE MOUR	3. SEX		RACE	5. DATE OF BIRTH	VEAR	6 AGE (IN Y	ARS IF UN	DER 1 YR.	IF UNDER 24	4 HRS. 2c.	DATE		MONTH	DAY YE.	AR 2d. HOUR
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N N N N N N N N N N N N N N N N N N N		Tennesse	e	USA			WIDOW		DIVORCED		Balt	imore	Coun	ity	MD.
DEE SE		TY OR TOWN OF	DEATH	11. NAME OF HOSE	CILITY, GIVE S	RSING HOM TREET ADORESS)	E, OR OTH	ER INSTITU	TION	FORMOS	OCCUPAT of WORKING ograpl	LIFE		2b. KIND OF OR INDU	BUSINESS STRY ntal Car
S P DEL		Dundalk	IN NURSING HOME O	R OTHER INSTITUTION, GIV			ION)							листие	ilitai Cai
1. IF ANY DELAY'S NECESSARY, PLEASE 2, AND 3 TO THE RUNERAL DIRECTOR. 3, KETAIN PAGE S-FOR YOUR FILES. SHOULD BE ALLED, WITHIN 72 HOURS AT RECORDS 30 WW PRESTON STREET,		TATE Maryland	Bal	timore		ortown		YES .			5 Kelr	more :	Rd.	2122	2
W HI- TO TO		ATHER'S NAME FIRST Fred	C.	MIDDLE Vril		ins		Lil	ER'S MAIDEN	NAME	WICOF	E	C	Orr	A 100
- 00 E	160. V	VAS DECEASED E	VER IN U.S. ARA	AED FORCES?	16b. SOC	IAL SECURI	Y NO.	17. INFORM	MANT		A	ADDRESS			
BALTIMOR GENERAL GENERAL GENERAL FORM PAGES 1, PAGES 1,		ES, NO, OR UNKNOW!	(IF YES, GIVE	WAR OR DATES)	246	-32-22	238	Mabe	el Heir	ns S	ame as	s 13e			
ST., HOL NA 18 VG A		18. CAUSE OF I	H WAS CAUSED	y one cause per line BY: E CAUSE (a)	243	, and (c).)	yoca	idial	infa	acte	on			APPROXIM BETWEEN OF	NATE INTERVAL NSET AND DEATH
RECORDS, 301 W. PRESTON JID BE EXECUTED WITHIN 24 PENDING** F MEDIC. PED 55 HEATH AND PERSTON FIER HEATH AND PERSTON FIER FIER FIER FIER FIER FIER FIER FIER		gave rise cause (a) st lying cause		(b) (b) DUE TO, OR A (c) (c) (C)	AS A CON	ISEQUENCE	OF	OR CONDITIO	N GIVEN IN PART	Lin					
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NOF V THE WO O THE O THE SUMB BE SUMB		21a. EXTERNAL		21b. TIME OF HOUR A.M. P.M.				W INJURY	OCCURRED	(ENTER NAT	URE OF INJURY	IN ITEM 18 PAI	RT 1 OR PART	2)	
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TAL EXAM		ACTUAL SIGNATURE	J. Cros	ian Ob	neve		M	D. 15	eraty	MEDICA	AL EXAMINE	ER	DATE	12/	5/86
TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNESHOL AFTER DEATH, BAUTMORE, MA		EXAMINER'S NA	AME J. CR	LOSSAN C	Den O	44429	5	ADDRESS_	212 g	unda	IK A	e- B	elf	md.	21222
TO TO AFT BALL	23a.B	URIAL, CREMATIC	ON,REMOVAL 2	3b. DATE	23c. N	NAME OF CE	METERY O	RCREMATO	ORY	23d, LÖCA	ATION		COUNT	Y	STATE
BP		Burial		12-8-86		Cedar	Hill			Balt	timore		yland		
DHMH - 17 (VR A15 ME (5))	24. F	NAME	Duda-	Ruck Eune				dalk	DEC .	C'D. BY RE	GISTRAR	256. REGIST	rar's sic	SNATURE	
15M 7/77			7922	Wise Ave.	Du	ndalk,	MD	21222	ULG		86 4	1		1	



	1,	FOR STATE		DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENT		3	3 / 8 0)
	L.	REGISTRAR			CERTIFICATE OF DEAT	H	G. NO.		
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mpletely straightful straightf	14 F.	THERS NAME PERST PERCY	Hubert	LAST Geas	15. MOTHER'S MAI	DEN NAME	LE	LAST	
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ottend ottenthis os the b h and t	MEC	WHILE NOT WHILE AT WORK	(AT HO)	ME, STREET, FACTORY, OFFI		CITY	OR TOWN	COUNTY STATE	
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by the h ERAL DIR e detoche State Dep		Man 224 PHYSICIAN'S NA	me une applica	· Levin		IDING MEDICAL ICIAN DIRECTOR PH	STAFF YSICIAN	12/22/86	
TO HOSPITA retoined by TO FUNERA should be de with the Stat		Mansh		evine	7111	v. 40th S	t. But	to, MD, 212	11
BP		BURIAL, CREMATION, R SPECIFY) Burial	. 12,	127/86 A	ew Cathedral	Cem. 23d LOCATION Ball'ti	more, M	ary land STATE	
DHMH - 16 60M 7/84 (VRA 15, 4)	24 F	NAME 6 Edmond	terling a	Funeral Catones	Estate, P.A.	250 DATE REC'D. BY REGIST			



		- 1				STAT	OF MARYLAND			
26775	DEC		U.	FOR STATE REGISTRAR		CERTIF	EALTH AND MENTAL HYG ICATE OF DEATH	IENE O REG. NO	3 3 /	8 9
ი ო.	_			CEASED NAME FRANCES	LILLIA	N i	ENSHAW	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
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d m	ě		3. SEX		RACE	5. DATE C		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
96 55	5		10	Female	while	10		7.3	YRS.	
4 5	2	1			CITIZEN OF WHAT COU	NTRY? 8	NEVER MARRIED	9. BALTIMORE CITY O		Н
to de	10	/	· P	EWYORK	U.S.A.	WIDOWE	D DIVORCED	BALTIMORE	COUNTY	MD.
12	· K	3		ANDALLSTOWN	1. NAME OF HOSPITAL, N			120 USUAL OCCUPATE		DUCATION
24 hour	onld be	5		L RESIDENCE (IF NURSING HOME OR O TAJE RYLAND CARR	THER INSTITUTION GIVE RESIDENCE VESTIM	E BEFORE ADMISSION) RIOWN INSTER	134 INSIDE CITY LIMITS?	13e STREET ADDRESS / 64 PENNSYI	ZIP CODE LVANIA AVE	. 21157
ithir	N /E/		. FA	THER'S NAME	DDIF1A	CT.	15 MOTHER'S MAIDEN NA			
7 6	1/16	21	CH	ESTER	HOY	1	LILLIAN	MIDDLE	GUE	RNSEY
0	Topar /	2		(AS DECEASED EVER IN U.S. ARM ES., NOOR UNKNOWN) (IF YES, GIVE		22.6818	WEST TOWNS	ID A. HENSHI END, MASS.	W 33 MAS 04174	ON RD.
	1	ı		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line far (a),	(b), and (c), (BETW	PROXIMATE INTERVAL
	o mana			PART I. DEATH WAS CAUSED IMMEDIATE		rchopn	eumonia			
h ce	of r				DUE TO, OR AS A COM	SEQUENCE OF	0.66	11111		
he death cert	otion, troum			Canditions, if any, which	(b)	serve	Bilateval	Intershit	al	
hat the by the	ose remoil, cremo			gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CON	SEQUENCE OF		F.b.	osis.	
equires n	Then ple to burid injury, or		NO	PART 2 OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTION	G TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PAR	RT Ira
¥ 0	prio T		CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATION	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIL	NDINGS USED
he l non.	giene diene		TIE					YES NO	IN CERTIFYING CAL	NO [
hysic	Hyg 18 %	?	CE	21a. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONT	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PAR	12)
O D D	Hem 18		CAL	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M.	19				
NG PHYSICIAN: The low requir cottending physicion. ther this certificate has been sig	ond Mentol Hygi		MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY	DEFICE FARM FIC)	21f. LOCATION STREET	CITY OR TO	wn COUNT	Y STATE
NG offer	h on h on orke		<	AT WORK NOT WHILE AT WORK		, , , , , , , , , , , , , , , , , , , ,				
ND S	deoil reoil		31	22a I certify that (I) (this hospital	0 / /	from	13 1. 19 86	_, to_ 12 f	2 / 1956	, that (l) (we) last
ATTE	of to			saw the deceased alive an abave, (1) (we) (did) (did not)	view the bady after death.	_19_0°G, or	d that in (my) (aur) opinion o	death occurred an the do	ite and have and from	the causes stated
o h	Chec Dept Hem			22b. SIGNATURE			DEGREE			ATE SIGNED
A the	ote [collan & c	liences	M.D	ATTENDING PHYSICIAN	MEDICAL STAF	IAN B	2-7-86
HOSPITAL ned by t	TAN	71	М	226. PHYSICIAN'S NAME TYPE OR	RINT)		22e ADDRESS			
O HO etoine	should be deto with the State (IMPORTANT: If			Allan J.C	hingus	n.P.	Bullings	e Com	ty Gen	1/c25 p
75	5 3 ≦		23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	236 NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP	1		CF	ÉMATIO N	12/9/1986	GREEN M	OUNT CREMATORY	BALTIM	DRE COUNTY	MARYLAND
DHMH - 16	60M 7/R4			NERAL DIRECTOR			25a DAT	REC'D. BY REGISTRAR		
(VRA		Y	VAL	TER" BROOKS BRAD	EY INC., DU	NDALK, MI). 21222 D	C 9 1986	Julia Devider	n. Kandala

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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3 3 / 9

		REGISTRAR			CERTIF	ICATE OF DEATH		REG. NO		3	1 7	A
		EASED NAME FIRST	A	AIDDLE		LAST	2a. DATE O		MONTH DA	AY YEAR	26 HOUR	
	(TYPE	OR PRINT) Harry	R. HENSO	N			Decem	ber 11	. 198	6	4:45 a	м
	3 SEX		4 RACE		5. DATE			YEARS LAST BIRTH	HDAY)	FUNDER I YEAR	F UNDER 24 HRS	
	mo	le.	Blac	b	MONT	DAY YEAR 31 25	44.6	61	YRS.	ONTHS DAYS	HOURS MIN.	
1	7a BII	RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9. BALTIMO	RE CITY OF		OF DEATH		_
1		Maryland	us	Δ	WIDOW	NEVER MARRIED DIVORCED	Ralti	more C	ounty		м	0
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME	OR OTHER INSTITUTION	12a USUAL	OCCUPATIO	N	126. KIND	OF BUSINESS OF	-
1		Rosedale &		in Squar			notion	K FOR MOST OF	WORKING LIFE)	INDUSTRY		
-		AL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION	GIVE RESIDENCE BEFORE	E ADMISSION)				•	-	212	-
3	13a. S	laryland Hark		Aberdee		13d INSIDE CITY LIMITS?		ADDRESS /		0. 0	1100	1
7		THER'S NAME	nu	Abelalee	YL	15. MOTHER'S MAIDEN NA		Wills	nine	Dr.		-
1	/ 1	ndrew	MIDDLE	LAST LAST		FIRST D		WIDDLE		LA	AST	
X		VAS DECEASED EVER IN U.S. AF	MED FORCES?	Henson	IRITY NO.	Marie B	uscoe	ADDRES	SS			_
L	(1	VES, NO OR UNKNOWN) (IF YES, GI	E WAR OR DATES	010 00	1050	1 4 11	* 100					
				219-20-		Lynita Henson	n same	e as a	bove	APPRO	XIMATE INTERVAL	=
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY:							BETWEEN	XIMATE INTERVAL NONSET AND DEATH	_
		IMMEDIA	TE CAUSE (0)	ardiac A	rrest					+		-
				R AS A CONSEQUE								
i.		Conditions, il any, which gave rise to immediate	(1b)_S	evere He	art F	ailure						
		couse (a), stating the underlying couse lost		R AS A CONSEQUE						0.00		
						rolateral Myo						_
	z	PART 2 OTHER SIGNIFICANT		ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEAS	E OR COND	ITION GIVE	N IN PART I	10	
-	MEDICAL CERTIFICATION	Cancer o			4		Lan	225112	Lan IE VEC	111505 51115		
1	ICA	19a DATE OF OPERATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTO	DP5Y?		WERE FIND	S OF DEATH?	
	RTI						YES 🗌	NO	YES		NO 🗌	
1	2	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		M. MONTH D	AY YEAR	21c HOW INJURY OCCUR	RED (ENTERNA	TURE OF INJURY	Y IN ITEM TO PAI	RT T OR PART 2)		
	CA	(IF EITHER NOTIFY MEDICAL EXAMINE	P./		19							
	VED	21d. INJURY OCCURRED	(AT HOME, STR	OF INJURY BET, FACTORY, OFFICE, F	FARM, ETC)	211. LOCATION STREET		CITY OR TOW	VN	COUNTY	STATE	
	_	AT WORK NOT WHILE AT WORK										
		22a.1 certify that (4) (this hasp	ital) attended, the	deceased from_	Decem	ber8 19 86		ecembe			, that th (we) la	st
		saw the deceased alive ar above, (H) (we) (did) (did no	Decemb	after death.	86 •	nd that in (my) (aur) opinion	death accurre	d on the do	te and haur	and from the	e couses stated	
		224 SIGNATURE				DEGREE		27.15		22c. DAT	E SIGNED	
		Jouni				ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFI		12/	11/86	
		224. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS		The same				
		Ioanna G	ouni. M	D.		9000 Frankl	in So	Dr.	21237			
	23a. B	URIAL CREMATION, REMOVAL			TAME OF C	EMETERY OR CREMATORY	23d LOC	ATION				
	(burial.	12-15-	86 M	+ 711	na II M	Take	ORTOWN	Hat	COUNTY	STATE	

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

MPORTANT: If Item 21 is marked or

24 FUNERAL DIRECTOR

Arnold Beard Havre de Grace, Md. 21078

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

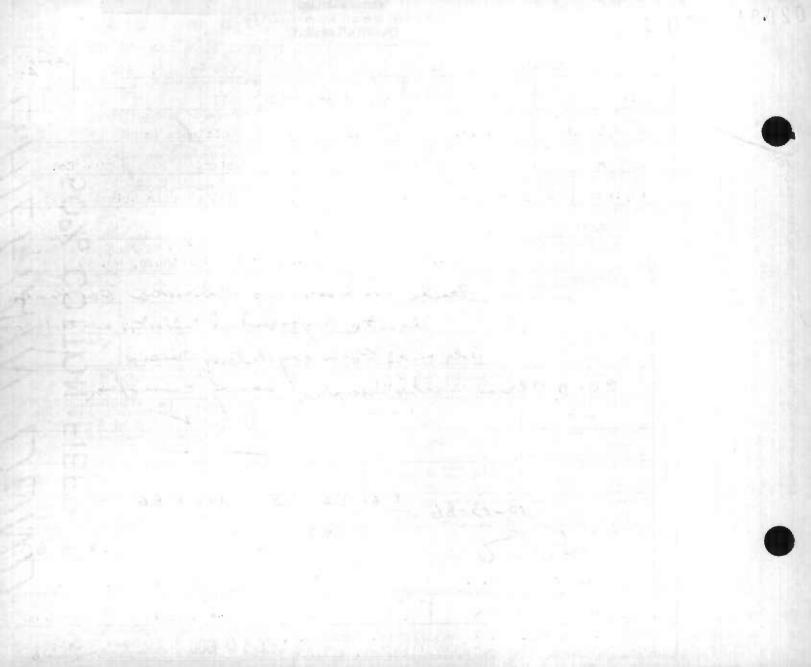
Julia Ticido Por laca

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	11.	FOR STATE		DEPAR		TEALTH AND MENTAL HY	GIENE 8 6	5 5	1 7
438 DEC		REGISTRAR			CERTII	FICATE OF DEATH	REG. NO) P	
	- PL	CEASED NAME E OR PRINT)	FIRST	WIDDLE		LAST	To DATE OF DEATH	MONTH DAY MES	1 117
nay be page 3 rr death			AGNES	HUGHES	HER	MAN HERMANN	/-	411/81	6 /2// M
od .	3. SE	Х	4. RACE		5. DATE		& AGE (INVERESTAST BIET)	HUNDER I YE	
s of		FEMALE	WHIT	F	1 0	14, 1893	93	YRS MONTHS DA	HOURS MIN.
שלים שלים	-	IRTHPLACE (STATE OR F		OF WHAT COUNTRY	(? 8		9. BALTIMORE CITY OF	The second secon	1
2 2	200	COUNTRY)	U.S.A		WIDOWI	D NEVER MARRIED DIVORCED	PALTIMOR	E COUNTY	
Fed of		ryland				OR OTHER INSTITUTION	12a USUAL OCCUPATION		ID OF BUSINESS OR
E.				SUCH FACILITY, GIVE STRE		T T A 1	(TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUST	RY
e u	a Tist	PESIDENCE (IE NIIRS	INC HOME OF OTHER INSTITUT	JOSEPH	HOSP	ITAL	Retired	Soci	al Securit
-5	13a.	STATE	ING HOME OR OTHER INSTITUTION OF THE PROPERTY	13c. CITY OR TO	WN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	
Standard Branch		ryland	Baltimore	Towso	on	YES NO XX	501 E. Bu	rke Ave.	21204
X Second	14 F.	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA	WE		LAST
L BC	1	Unknown		Hughe		Unknown			known
dicol		WAS DECEASED EVER	IN U.S. ARMED FORCES		CURITY NO.	17. INFORMANT	ADDRES	SEllicott	City, Md.
medico	No		(11 120, 0112 11711 011 011 011	212-22-	-2682	Edwin E. La	angrall -433		-
the of		18 CAUSE OF DEAT	H (Enter only one couse)	per line for (a), (b)	ind (c).l _{so}	11 0		APP' BETWO	ROXIMATE INTERVAL
went		PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (o),	- 10	obors	ly Sent	icemia		
ar re						0		A	
an, c		Conditions, if any,		OR AS A CONSEO	LA				
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othe		couse (a), statin underlying couse		, OR AS A CONSEO	UENCE OF				
0		PART 2 OTHER SIGN	JIEICANT CONDITIONS	CONTRIBUTION	DEATH BUT	NOT RELATED TO THE TERM	AIN AL DISEASE OF COND	OTTION CIVEN IN DAD	T lies
to bi	Z	Trans E. Gineralo.	THE PARTY CONTONIONS	213	00	S RELATED TO THE TERM	MINAL DISEASE OR COIND	ATTOM GIVEN IN FART	7 110
prior ony i	CERTIFICATION	1% DATE OF OPERAT	ION ISE CON	NDITION FOR WHIC	H OPERATIO	IN WAS PERFORMED	20s AUTOP5Y?	20L IF YES, WERE FIN	IDINGS USED
ws or	_						VESTO NOT	IN CERTIFYING CAUS	SES OF DEATHY
sho of	E	21s. ACCIDENT WAS UNE	ERIYING [7] 21h TIMI	E OF INJURY		ZIE HOW INJURY OCCUR	RED Ambremation & major	- And	
Hem 18	1	OF CONTRIBUTING []							
2	MEDICAL	214 INJURY OCCUR		P.M. CE OF INJURY	19	2H LOCATION			
	NE NE	wents I'll norwe	TAT HOME	STREET, FACTORY, OHIGH	E FARM, ETC.)	due	City OR TON	COUNT	37810
morked		AT WORK AT WOR	n —		-	1/1/10	19/11/	P,	
		27s I certify that (I) saw the decease	(this hasaital) attended	the deceased from	16	19 110	10.17/1	19_06	that (II (get) last
121		obove, (I) (we) (d	id (did not) view the bo	dy after death.	05-0	At that in (my) (other opinion	death accurred on the dat	ie and hour and fram t	the casses stated.
Depi	10	27k SIGNATURE	11.1	10	m	ALIENDING	/MEDICAL STAFF		ATE SIGNED
de -			- Win		4	PHYSICIAN	MEDICAL STAF		15/86
ATAP		22d. PHYSICIAN'S NA	AME (THE OR SINT)	7.14		220 ADDRESS	Pola:	PIPOS	7-11-0
with the Sta		Vuo V	0- /1	007	12/	1 6551	and ones	a sall	0 21 516
; 3 ≥		BURIAL, CREMATION,	REMOVAL 236. DATE	236	NAME OF	EMETERY OR CREMATORY	23d. LOCATION		
		(SPECIFY) Burial	12-1	13-86 N	lays Ch	napel Cemetery	4.11. 411. 141.11	Balto	Md.
50M 7/84		UNERAL DIRECTOR	1 20 3		1050	Vork Rd. 250. DAI	TE REGID, BY REGISTRAR 2	256. BEGISTRAR'S SIGN	NATURE
5. 4)	Ru	ck Towson	Funeral Hon	ne. Inc.	lowson.	,Md. 21204	0061 C 1 0 1800	Palen Dander	m. Kandaes

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	9 e	eoth	TITPE	ORPRINT)	LEON	ARD	R.		HERPST	December	8. 198	6	A'AS
	You	er deot	3. SE2			4, RACE		5. DATE		6. AGE IN YEARS LAST BIRTHE	AY) IF UND	ER I YEAR	IF UNDER 24 HRS
	ge 4 ector.	rs of		Male		White		Aug	ust 26, 1909	77	YRS.	DAYS	HOURS MIN.
	P. P.	g 57		RTHPLACE (STATE ORFO	DREIGN	76. CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	D NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF D	EATH	150
	5	2 0		Pennsylvan	ia	U.S	.A.	WIDOW		Baltimore	County		MD.
-		# Pe	10 CI	TY OR TOWN OF DEA	тн		HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a. USUAL OCCUPATION		KIND O	BUSINESS OR
30	1 1	inoffise	V	oodlawn			lartin Dr			Retired		lire	Co.
212	in l	be	USU	AL RESIDENCE LIF NURSI	NG HOME OR	OTHER INSTITUTION	GIVE RESIDENCE BEFOR		A 124 IN ISIDE CITY LIMITED	13e STREET ADDRESS / Z	un cons		7.1
Q.	24	P S		Maryland		imore	Woodlaw		134 INSIDE CITY LIMITS?	1344 Mart		re 2	1229
YLA	thin th		14 FA	THER'S NAME					15. MOTHER'S MAIDEN NA	ME			
AAR	3 0	T OF T	37	Earl	,	W .	Hern	st	Edna	MIDDLE	н	arto:	nstein
m,	cute		16a V	AS DECEASED EVER	N U.S. ARI		16b SOCIAL SECT		17 INFORMANT	- ADDRESS	ld Fred		
BALTIMORE	exe			ES, NO OR UNKNOWN)	I IF YES, GIVI	E WAR OR DATES)	577-10-4	8204	Diane D. He		ore, MD		1229
E	e pe	he h			1.5				Draile St He	rpoc bartin			MATE INTERVAL
	ficot	pop lovo		PART I. DEATH W.	AS CAUSEI	D BY:	Tine far (a), (b), ar	dic	l 1.	la		Few	1.
ST	ng bu	rem			IMMEDIAT	E CAUSE (a)	come	10	rayno	y com	0	yeu	mour
Q.	oth o	n, of				DUE TO, C	R AS A CONSEQU	ENCE OF	To be worth	DOTA.	· A	- 9	
RES	de de	otio		Conditions, if any, gave rise to imm		(b)	0.		of my or	rever infe	acrys !	No.	and of the
× .	the the	rem		couse (a), stating underlying cause	g the	DUE TO, C	RAS A CONSEOU	ENCE OF	2	3 4		-	
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.	uires	bur,	7	PART 2. OTHER SIGN	IIFICANT C	ONDITIONS C	ONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEAS OR CONDI	TION GIVEN IN	PART In) '
ORD	req en s	or to	io T	604	DO	ley	arri	yth	wing 18	oc house	20 P	R	
REC	wo s	To Son	CERTIFICATION	1% DATE OF OPERAT	IONF.	196 COND	TION FOR WHICH	PERATIC	N WAS PERFORMED	760. AU/OP517	70h IF YES, WER		
AL	The tion.	how we	RTIF							YES NO	YES 🗌	-	NO C
>	hysicot	Hyge 8		TIE. ACCIDENT WAS UND OR CONTRIBUTING C	7-30-5-00-5-00 may	HOUR A		AY YEAR	234 HOW INJURY OCCUR	RED CENTER NATURE OF POURT	N ITEM TE PART I CO	WF4872)	
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O.	PHY S	d M	MEDICAL	214 INJURY OCCURR	€D.		OF INJURY BEST, FACTORY, OFFICE.	ann Tir I	THE LOCATION	CITE DE 10WH		OLIMITY.	MAIL
<u>></u>	Off of the	h on rked	~	ALMON D VOLAND	. 🗆								
D	A A	eolt mo	-	220.1 certify that (I)	(this haspit	tal) attended t	e deceased from.	6-2	8-82 19 ~		86.19_		that (I) (we) last
	Prito TTE	of H 21;		saw the decease	d alive an	1) view the kinds	3-86 19_ ofter death.	, 0	nd that in (my) (aur) apinian	death accurred on the date	and hour and	from the	couses stated
	OR AT e hasp	hed ept.		226. SIGNATURE	N	/Kan	oner deam.		DEGREE MI	/	2	2c. DATE	SIGNED
		te D		~	14	1			ATTENDING	DIRECTOR PHYSICIA	NU	12.	-8-86
	by by	AN AN		22d. PHYSICIAN'S NA	ME (TYPE O	R PRINT)			22e ADDRESS	Z UNICHOK I THISICIA			-
	O HOSP etpined	should be deto with the State MPORTANT: I		Allan	Pere	z M.	D.		1009 Frede	rick Road, B	altimor	e . 1	MD.
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	BP_			Specify) Cremation	THYOUTH	12/9/				CITY OR TOWN	110		STATE
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		6 60M 7/B4	l'''	Leory M. &	Russ	ell C.	WitzkeerEu	neral	Homes P.Aor		1		-
	(VRA	15, 4)		1630 Edmon	dson	Avenue,	Catonsvil	le, M	D. 21228 UL	0 1 0 1300	Guira Des	ider	Kandale



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STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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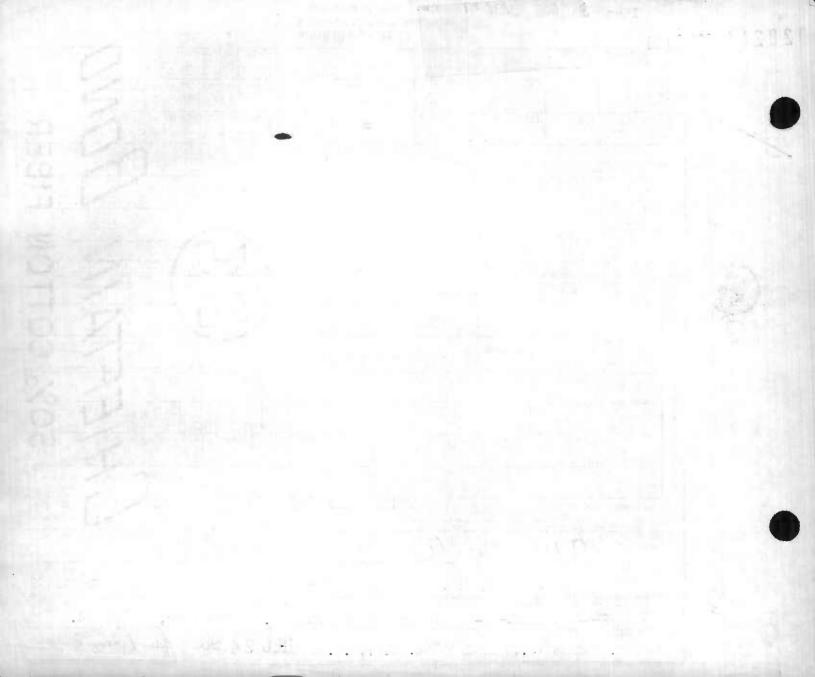
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1	3 SEX	4 RACE	5. DATE OF B		6 AGE (IN YEARS LAST BIRTH	HDAY) IF UNDE		IF UNDER 24 HRS
	Female	Caucasian	Nov.	29, 1887	99	YRS	DAYS	HOURS MIN.
-	TO BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	2 8	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DE	ATH	
	Milton, PA	US	WIDOWED [Baltimore	County		MD.
A	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR O	THER INSTITUTION	120 USUAL OCCUPATIO		KIND OF	BUSINESS OR
1	Cockeysville	Broadmead			Homemake		Öwn	Home
,	USUAL RESIDENCE HE NURSING HOME OR 130. STATE 13b. COUN	NTY 134 CITY OR TO	WN 134	INSIDE CITY LIMITS?	13e STREET ADDRESS /	ZIP CODE		
)		ltimore Cockey	22.22	ES NO E	13801 Yor		21	030
7	14. FATHER'S NAME	MIDDLE LAST	15	MOTHER'S MAIDEN NA	MIDDLE		EAST	
1	Charles Me	eginney Hoo	1			Br	ighth	ill
1	160 WAS DECEASED EVER IN U.S. AR	MED FORCES? 166. SOCIAL SEC	URITY NO. 17	INFORMANT	ADDRES	SS		1000
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<	RTIFIC				YES NO Y	IN CERTIFYING		NO [
7	OR CONTRIBUTING CAUSE OF DEA (IF ETHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER AT WORK 220.1 certify the (1) (this hospit	HOUR A.M. MONTH P.M. Ple PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE tol) ottended the decessed from 1 1 1 view the Yody offer death.	DAY YEAR 19 FARM EIC) 211 DEG	LOCATION STREET 19 100 in (my) (our) opinion REE ATTENDING PHYSICIAN [CITY OR TOW CITY OR TOW	27 19 8 te and hour and f	UNIY	STATE STATE STATE STATE STATE STATE STATE STATE
	Walter 14	epner II	3	3313 Paper	- Mill Rd	Phoer	rix	MD.
	230 BURIAL, CREMATION, REMOVAL	12/23/86	Green I		Baito.		™ ME	
	4905 York Road	W. Jenkins & d Balto., MD	Sons C 21212	0 . 250. DAT	TE REC'D. BY REGISTRAR 2 C 2 3 1986	1.0 00	SIGNATU	RE

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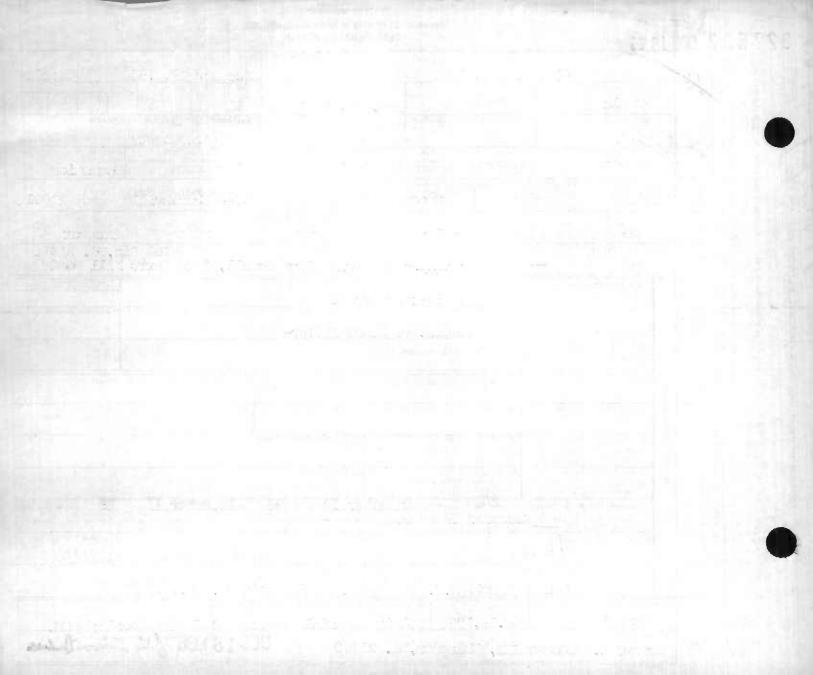
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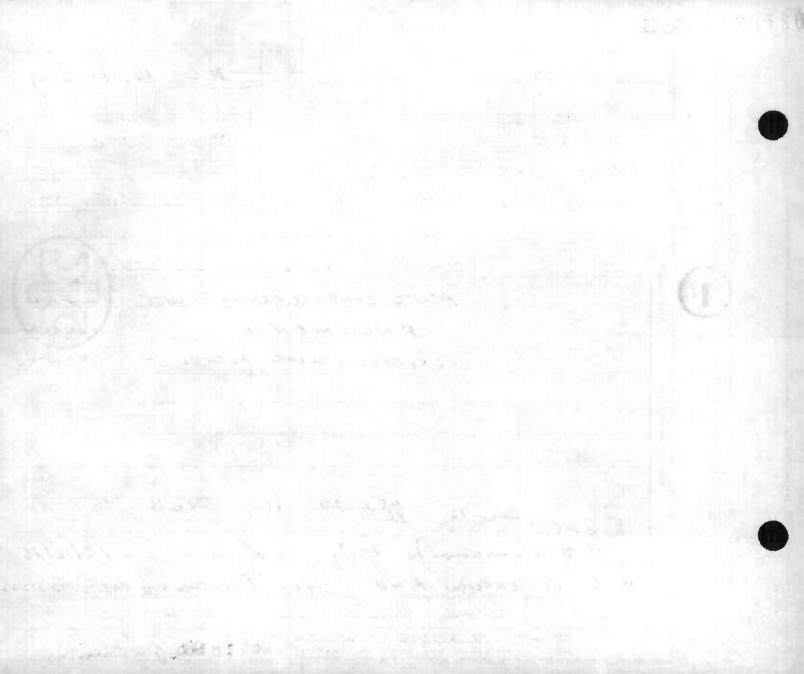


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5		1.	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	0.	
770	E 050 01		CEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
) 1 9	5 - QEC 31	16"	HENRY	P.	НП	CHCOCK	December		
E	4	3 SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 HRS
*	1010		Male	White		22, 1894	92	YRS.	
-	4 92 000		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEAT	Н
40	1/1	1	Ceylon	USA	WIDOWE		Baltimore		MD
2	1 1190		TOWSON	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INST (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Multi-Medical Center			CTYPE OF WORK FOR MOST OF WORKING LIFET INDUSTRY		nd of Business or d. Gov't.
0	12/1	TUSL	AL RESIDENCE (IF NURS IN TO ME OR	OTHER INSTITUTION, GIVE RESIDENCE B	BEFORE ADMISSION)				21210
24	最大	130	MD IN COUN		lto.	13d. INSIDE CITY LIMITS?	13. STREET ADDRES	niversity	Pkwy.
4	100	14 F	ATHER'S NAME FIRST	MIDDLE LAST		15 MOTHER'S MAIDEN NA			
7	11	0	William	Hitchco	ck	Harriett	MIDDLE	?	LAST
1	3- 8		WAS DECEASED EVER IN U.S. AR		SECURITY NO.	17. INFORMANT	ADDRE	ESS	-3' 1 - 1
	00 p	1	(IF YES, GIV	E WAR OR DATES)		Mrs. Elle	n Hitchcock	k, Sar	ne
100	3 F 6		18 CAUSE OF DEATH (Enter on	ly one cause per line to	i), and (c).)	- 1		BEIV	PPROXIMATE INTERVAL WEEN ONSET AND DEATH
1	4211		PART I. DEATH WAS CAUSE	E CAUSE (o) FES	pira L	orw Falu	re		
1	1	/	9/0	DUE TO, OR AS A CONSE	FOLIENCE OF	1			
	B.22		Conditions, if ony, which		-obablo	Aspirat	inn		
1	1000		gove rise to immediate couse (a), stating the)	1111			1700	
100	B # 5 #		underlying cause lost.	DUE TO, OR AS A CONSE	EQUENCE OF				
-	part of the second		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PA	RT lun:
100	g and de far	Z	Sonile De	montes De	rishile	is alases	THE PIDEADE ON CO.	DITION CIVEN AND A	
	hos been progress any		19 DATE OF OPERATION	19k CONDITION FOR WE	HICH OPERATIO	N WAS PERFORMED	E20s: AUTOP5YF	70s. IF YES, WERE FI	NONGS USED
6				100 St. 100 St			VES CT NOW	IN CERTIFYING CAL	USES OF DEATH?
£	S S S S S S S S S S S S S S S S S S S	CERTIFICATION	TIN ACCIDENT WAS UNDERLYING	7 I ZIE TIME OF INJURY		25£ HOW INJURY OCCUR	RED (MOK)		Total Control
Z Z	certificat certificat rial-tran ental Hy hem 18 s	.0	DR CONTINUUTING CAUSE OF DEA	Commence Control of Control of the Control of the Control of Contr	DAY YEAR	The transfer occurs	MED THE WHITE O' YOU		200
PHYSICIAN	certification of the price of t	N S	(IF EITHER, HOTHY MEDICAL EXAMINER		19	ZII LOCATION			
E E	± . ± 5 0	MEDICAL	THE INJURY OCCURRED	21st PLACE OF INJURY (AT HOME STREET FACTORY ON	HEE, FARM, ETC.)	STREET STREET	Cife ON TO	own count	fr State
2	R. Afre		17s.1 certify that (1) this baspi	tall attended the deceased for	om 9/	77 10 BS	ts /2	123 10.86	that(1) (we) last
Z	TOR for us		THE RESERVE OF THE PROPERTY OF THE PARTY OF THE PARTY.	12/15 for Sall	120	d that in (my) (our) apinion	death-occurred on the d	ate and hour and from	
A	5 0- 1	1	27h SIGNATURE	Eview the body other death	AHA	DEGREE	THE THE PARTY OF T	726.0	DATE SIGNED
8	0 0 0 0		Steel	1 44.16	61.	MO ATTENDING PHYSICIAN	MEDICAL 5TA	FF 4	2/24/86
TAL	KAL dete	,	22d PHYSICIAN'S NAME (TYPE O	- 1888041	10-11-11	1220 ADDRESS	DIRECTOR [_] PHYSIC	MAN	2/24/00
HOSON	FUNERAL OUT DE GEORGE THE STORE PORTANTAL				CA			ital Dalk	
0	2 2 4 3/		Dr. Alicia Co			Union Mem		ital, Balt	0., 1010
-		23a	BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	234 LOCATION Pikesv	ville COUNTY	MD STATE
	BP	L	Burial	12/27/86		Ridge		ritle,	
DH	MH - 16 60M 7/B4		UNERAL DIRECTOR Henry			Co. 250. DA	TE REC'D. BY REGISTRAR		
	(VRA 15, 4)		4905 York Roa	d Balto. M	D 21	212 DEC	2 9 1986	Autia Devideo	n. Peridale

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		FOR	D		E OF MARYLAND EALTH AND MENTAL HYG	IENE 8 6	3 3	191	
7 DEC	d	STATE REGISTRAR		CERTIF	ICATE OF DEATH	REG. NO			
		EASED NAME FIRST E.	LVa MIDOLE N	Jina '	AST Holdridge	20. DATE OF DEATH	MONTH DAY	YEAR 26. HOUR	
LX			N. HOLDRIDGE			December 17		12:20a	
10	1. SE)	Female	RACE White	5. DATE C		6 AGE (IN YEARS LAST BIRT	MONTHS!	DAYS HOURS MIN	
60			. CITIZEN OF WHAT CO	INTRY? 8	D NEVER MARRIED	9 BALTIMORE CITY O		ATH	
180		rginia	USA	WIDOWE		Baltimore (٨	
37			1. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, G Franklin Squ	IVE STREET ADDRESS!		120 USUAL OCCUPATION INTERPRETATION SALESPERSON	WORKING LIFE) INDL	KIND OF BUSINESS C USTRY Smetics	
35	13a S	AL RESIDENCE (IF NURSING HOME OR O TATE 136 COUNT Yland Harf	ther institution, give resident 13c CITY (OR TOWN	13d. INSIDE CITY LIMITS? YES NO X	3646 Churc	ZIP CODE Chville Ro	oad 21001	
in	14 FA	THER'S NAME	DDIE	LAST	15. MOTHER'S MAIDEN NA	ME		LAST	
1	1	James Emi	tt Kegl		Mary	Irene		regger	
2		VAS DECEASED EVER IN U.S. ARM (IF YES, GIVE '	WAR OR DATES)	24-9763	Anna Clara Je	ADDRE Ewell. 1024	Bel Air,	Md. 21014 11 Road	
2					runa Ciara o	20022		APPROXIMATE INTERVAL ETWEEN ONSET AND DEAT	
18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Arrest								TWEEN ONSET AND DEAT	
affice		IMMED INTE	DUE TO, OR AS A CONSEQUENCE OF						
mono.		Canditians, if any, which			art Failure				
other tr		gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	NSEQUENCE OF					
lury, or	×	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONE	DITION GIVEN IN P	ART lia	
5	ATION		T						
6	4.1	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?		FINDINGS USED	
James Och	TIFICAT	190 DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	YES NO X		FINDINGS USED AUSES OF DEATH?	
1	CERT	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	216. TIME OF INJURY		N WAS PERFORMED	YES NO X	IN CERTIFYING C	AUSES OF DEATH?	
Beng 18 stewer one	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21b. TIME OF INJURY HOUR A.M. MON P.M.	ITH DAY YEAR	21c. HOW INJURY OCCUR	YES NO X	IN CERTIFYING C	AUSES OF DEATH?	
To he is the	MEDICAL CERTIFIC	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED	216. TIME OF INJURY HOUR A.M. MON	ITH DAY YEAR		YES NO X	IN CERTIFYING C YES YES OF THE STATE OF F	AUSES OF DEATH? NO PART 2)	
s marked or hera 18 separation	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED TO STATE OF THE AT WORK. 220.1 certify that 47 (this haspita	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY	ITH DAY YEAR 19 7. OFFICE, FARM ETC.)	216. HOW INJURY OCCURI 216. LOCATION STREET	YES NO X RED (ENTER NATURE OF INJUR CITY OR TO	IN CERTIFYING C YES YES YES YES IN IN ITEM IS PART I OR I	AUSES OF DEATH? NO PART?) PART? STATE	
21 is marked or hern 18 allows any	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED TO STATE OF THE AT WORK. 220.1 certify that 47 (this haspita	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY	ITH DAY YEAR 19 7. OFFICE, FARM ETC.)	21c. HOW INJURY OCCURI 21f. LOCATION STREET	YES NO X RED (ENTER NATURE OF INJUR CITY OR TO	IN CERTIFYING C YES YES YES YES IN IN ITEM IS PART I OR I	AUSES OF DEATH? NO PART?) PART?) STATE	
Hem 27 is marked or hero. 18 steps only	CERT	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHILE AT WORK	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY	of from December 19 86, or h.	216. HOW INJURY OCCURION STREET Der 10 , 19 86 and that in (mg) (our) opinion DEGREE	YES NO NO NO RED (ENTER NATURE OF INJUR CITY OR TO: to December death accurred on the do	IN CERTIFYING C YES YES YES YES YES YES YES YES	AUSES OF DEATH? NO PART ?) INTY STATE	
if hem 21 is marked or hem.	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED NOT WHITE	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY 1) attended the decease. December 17 view the body after deat	of from December 19 86, or h.	21c. HOW INJURY OCCURION 21f. LOCATION STREET DEPT 10 , 19 86 ad that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [YES NO X RED (ENTER NATURE OF INJUR CITY OR TO	WN COL	AUSES OF DEATH? NO PART ?) JINTY STATE , that th (we) lo am the causes stated	
if hem 21 is marked or hem, I	CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED AT WORK 220. E certify that \$P\$ (this haspital saw the deceased alive an obave, (Triwe) (did) (what not) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY (AT HOME STREET, FACTORY 1) attended the deceased December 17 view the body after deat	ITH DAY YEAR 19 7, OFFICE, FARM, ETC.) d from Decem 19 6, or	216. HOW INJURY OCCURION STREET DET 10 , 19 86 and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [YES NO NO NEED (ENTER NATURE OF INJUR CITY OR TO: , to December death accurred an the do MEDICAL STAF DIRECTOR PHYSIC	WN COL	AUSES OF DEATH? NO PART 2) STATE My that the (we) loam the causes stated to DATE SIGNED	
Hem 21 is marked or hem I	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 22a. Lectify that AT (this haspito saw the deceased alive anobave, (Triwe) (did) (Notional) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR IOANN)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY (AT HOME STREET, FACTORY VIEW the body after deat	office, FARM_ETC) d from Decem h.	216. HOW INJURY OCCURION STREET DET 10_, 19_86 and that in (my) (our) apinian DEGREE ATTENDING PHYSICIAN [22e ADDRESS 9000 Frank	VES NO NO NET PHYSICAL NO DRECTOR PHYSICAL DIRECTOR PHYSICAL DIRECTOR Dr.	WN COL	AUSES OF DEATH? NO PART 2) STATE ., that th (we) ic am the causes stated DATE SIGNED	
if Nem 21 is marked or here)	MEDICAL CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WALL AT WORK 220. I certify that AT (this hospita sow the deceased alive on obove, (Tiwe) (did Nidmon) 22b. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE OR I Oann URIAL, CREMATION, REMOVAL SPECIFY)	21b. TIME OF INJURY HOUR A.M. MON P.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY (AT HOME STREET, FACTORY VIEW the body after deat	of from December 19 86 , or h. 123c. NAME OF C	216. HOW INJURY OCCURION STREET DET 10 , 19 86 and that in (my) (aur) apinian DEGREE ATTENDING PHYSICIAN [VES NO NO NET PRIVATE NATURE OF INJURE CITY OR TO DECEMBER December death accurred an the dolor DIRECTOR PHYSIC PHYSIC PHYSIC NET PH	WN COL	AUSES OF DEATH? NO PART 2) PART 2) STATE 6., that the (we) loam the causes stated to DATE SIGNED 2/17/86	





DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

REGISTRAR					REG. N	O.			
1. DECEASED NAME FIRST (TYPE OR PRINT) CATHER	RINE MARY		LA!	ST -	DECEMBER		986	26 HOUR	
	RACE		ATE OF	BIRTH	6 AGE (IN YEARS LAST BE		IF UNDER I YEAR	IF UNDER 24 HRS	
Female	Nhite	A	pri:	1 18°, 1897° AR	89	YRS	MONTHS DAYS	HOURS MIN.	
COUNTRY	SA	MA	ARRIED	☐ NEVER MARRIED ☐	Baltimore County Baltimore County				
Towson		ITAL, NURSING HO			12a USUAL OCCUPAT (TYRE OF WORK FOR MOST C HOMEMAKE:			F BUSINESS OF	
UAL RESIDENCE (IF NURSING HOME OR C 130 STATE 13) COUNT Maryland	Y 13c. (residence before admis CITY OR TOWN Altimore		13d INSIDE CITY LIMITS? YES X NO 🗌	3405 The			121	
James Carey	IDDLE	X WIDDLE		LAS	T				
60 WAS DECEASED EVER IN U.S. ARM (YES NO OR UNKNOWN) (IF YES, GIVE	Lutherv	ville, N							
18 CAUSE OF DEATH Enter only PART I. DEATH WAS CAUSED IMMEDIATE Conditions, if ony, which gove rise to immediate couse lost, stating the underlying couse lost.	BY: CAUSE (o) DUE TO, OR AS	A CONSEQUENCE	30	UD Oll age			ye	MATE INTERVAL DNSET AND DEATH	
PART 2 OTHER SIGNIFICANT CO				VOT RELATED TO THE TERMI	200 AUTOPSY? YES NO	206 IF YI	FYES, WERE FINDINGS USED FYES, WERE FINDINGS USED FYES IN CAUSES OF DEATH? FYES IN NO IN		
	HOUR A.M.	ury Month day y	EAR	21c. HOW INJURY OCCURRI	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART 2]		
OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF IN	JURY ACTORY, OFFICE, FARM, ET		21f. LOCATION STREET	CITY OR TO	NWN	COUNTY	STATE	
220.1 certify that (1) (this hospital saw the deceased alive on above, (1) (we) (did) (did not)	Dec 23	1986	. ond	1 that in (my) apinion d	eath occurred on the d	ote and ha	ur and from the	that (Ome) las	
226 SIGNATURE	Zoasio	>		EGREE ATTENDING PHYSICIAN 72e ADDRESS	MEDICAL STA		12/2 DATE	29/82	

should be detached for u

DHMH - 16 60M 7/B4 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL BUTIAL

Lawrence Boas, M.D.

23c NAME OF CEMETERY OR CREMATORY

Dec. 29,1986 Moreland Memorial Park Parkville, Balto. Co., Md.

24 FUNERAL DIRECTOR ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

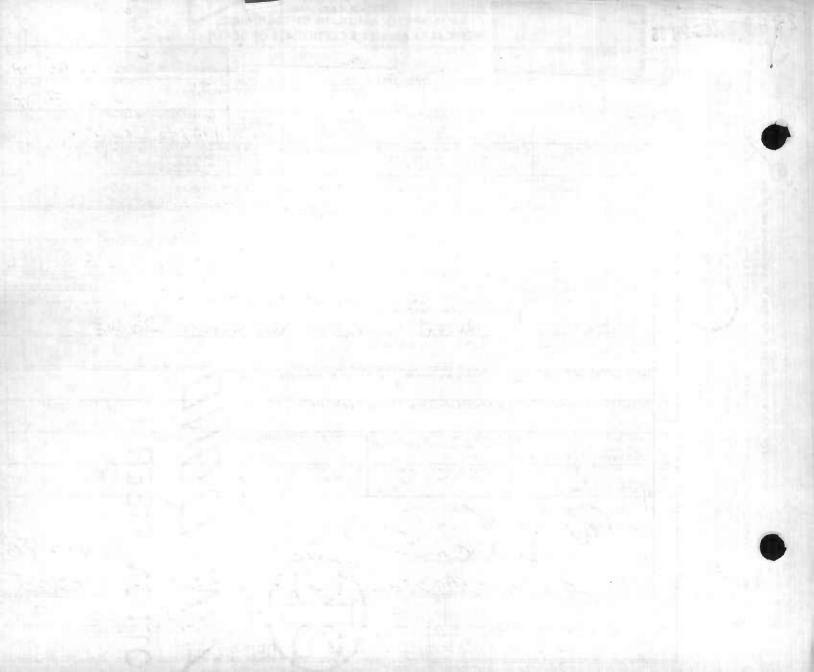
54 Scott Adam Rd. Cockeysville, Md.

DEC 31 1986 Autia Dandon Luides

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7257 11 2000

12000.	1	FOR			DEPART	STATE MENT OF HI		ARYLAN		IVGIENE	A	oungs	7	
028094 DEC 2		STATE REGISTRAR		M		EXAMINE				F DEA) O	5. NO.	5 6 0	U
		CEASED NAME	FIRST		MIDDLE		L	AST		2	O. DATE KNOW		DAY YEAR	2b. HOUR
Marketta .	{TYP	E OR PRINT)	Estel	.le	к.		Но	uck			OF ESTI-		22086	MAM
ASSESSED NO.	3 SE)	(RACE	5 DATE OF BIRT	Н	6. AGE (IN YEARS	IF UND		IF UNDER		c. DATE	MONTH		
S S S S S S S S S S S S S S S S S S S	F	emale	White	MONTH DA	V YEAR 02	LAST BIRTHDAY)	MONTHS	DAYS	HOURS	MIN P	RONOUNCED DEAD	12	201088	5 11A W
東京大学の	70. B	RTHPLACE (STA		76 CITIZEN OF					(50	9	BALTIMORE CI	TY OR COUN		1981 M
HASE A		REIGN COUNTRY)		United	Stat	es ,	WIDOWE	D KX	DIVORC		FRED	CAV	rate y	MD.
SE SES	III CI	ITY OR TOWN C	OF DEATH	11. NAME OF H	OSPITAL, NU	IRSING HOME,				12a. USU A	AL OCCUPATION		1126. KIND OF B	USINESS
35850	V,W	loodlawn		2412 H	Poplar	Drive					ost of working life	,	OR INDUST	, KA
- 80 NOS		AL RESIDENCE (IF IN NURSING HOME C	OR OTHER INSTITUTION	GIVE RESIDENC			3d. INSIDE CI	TV 1 IMITC3		ET ADDRESS			
A SAMESON S		laryland		timore		oodlawn		YES [NO X		2 Poplar	Drive	21207	7
O BOOK TO	14. F/	ATHER'S NAME		MIDDLE		1457		15. MOTHE	R'S MAIDE		WIDDIE		LAST	
# SE SE	1	William		MIDDLE	K	ramer			Eva		Elizab	eth	Peppler	
O CONTO	16a. V		EVER IN U.S. ARA	MED FORCES?	166.50	CIAL SECURITY	VO. 1	17. INFORM		rs. J	anet Mc			
BALTIMOR IS AFER DE GIVE PAGE TITH FORM IVISION OF		no	(11 163, 510	WAR OR DAILS)	- 21	7-18-677	5	3363	J N	. Cha	tham RD.	Ellic	ott City	y, MD.
		18 CAUSE OF	DEATH (Enter an	ly one cause per l	ne for (a), (b), and (c).)		11		1	•		APPROXIMA BETWEEN ONS	TE INTERVAL ET AND DEATH
S S S S S S S S S S S S S S S S S S S		PARTIDEA	ATH WAS CAUSED	TE CAUSE (a)	ONO	30551	VIE	He	ART	FA	LURSE			
ST S	1.0			DUE TO,	OR AS A CO	SEQUENCE OF			1 1		-	-1		
E E E E			s, if any, which	(b)_(ARTOK	108c/6	KIS	706	ARGI	OVAS	CULARI	450AS	过	
W PEN W	12	cause (a) s lying caus	stating the <u>under-</u>	DUE TO,	OR AS A COI	NSEQUENCE OF								
S EN S				(c)										
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUS RITING THE WORD "PENDING" IN PENCIL INHEM 18 RDED TO THE CHIEF MEDICAL EXAMINEP ALGNGS RES SHOULD BE USED AS A BLIBRAL. "TRANSIT BERMIT E DEPARTMENT OF HEALTH AND MENTAL HYDERIE I OT PRICE TO BURIAL, CREMATION, OR TIVONAL.	z	PART 2 OTHER SIG	NIFICANT CONDITIONS	CONTRIBUTING TO DEA	IH BUT NOT REL	ATED TO THE TERMINA	AL OISEASE (OR CONDITION	GIVEN IN PA	AT 1 (a).				
A A A A A A A A A A A A A A A A A A A	CERTIFICATION	19a. DATE OF G	OPERATION	196 CON	DITION FOR	WHICH OPERAT	NON WA	S PERFOR	MED?				28 AUTOPSY	(?
TAL R HOULD HASE HE RISED CISED CISED	FIC	ALC: N											YES 🗆	NO 🗆
FVITA WORLD BEIND	ER.	21a EXTERNAL			OF INJURY		21c. HO	W INJURY	OCCURRE	D LENTER NA	ATURE OF INJURY IN IT	EM 18 PART 1 OR P		140 🖸
PICATE STATEMENT ON OF V		UNDERLYING	OR G CAUSE OF I		.M. MONTH '.M.	DAY YEAR								
UVISIO	MEDICAL	214 INTITIDY OF	CCLIPPED	21e PLAC	E OF INJURY	(AT HOME,	21f. LOC						4110	
#34355	100	WHILE AT WORK	NOT WHILE C] STREET, P	ACTORY, FARM,	erc.)	511	REEI			CITY OR TOWN	C	VINUO	STATE
PRE TE			That I taak charg	e of the remains	scribed ob	ove, held an	Autopsy	, П.	Inspectio	0	Inquiry 4	and in my a	Dinion	
NA PARTER	1	death resulte	110	al causes	Accident				ide .		mined manner	7.	pinion	
XXAA XXAA ERTII WITH ARY			MIL.	11.		51		LITLE (SI						10
A HANDON		ACTUAL /	VVV ll	ellain	Ro		M.D	. rall	2174	MEDIC	CALEXAMINER	DATE		100
DIC NER ST NOR NOR	1	EXAMINER'S N	IAME (2,111	1	00 /	1	1	-		2	41.	0.	
A D P P P P		(TYPE OR PRIN		1N16-6	1 /m	> DN I	A	DDRESS_	35	501	20160	NATI	-1/2/	228
TO MEDICAL EXAMINER EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FORM TO FUNERAL DIRECTOR TO FUNERAL DIRECTOR TO FUNERAL DIRECTOR TO FUNERAL DIRECTOR TO FUNE SHALL WITH THE STATEMENT OF THE STATE	23a.B	CDEC (EV)	ION, REMOVAL 2			NAME OF CEME				23d. LOC		COL	UNTY S	STATE
BP		Bur		12/24/8		Lorrain					altimore		ltimore	MD.
DHMH - 17	24. F	ONERAL DIRECT	rty Road	Randal	uneral	Direct						KEGISTRAR'S	SIGNATURE	
(VR A15 ME (5))	07	ZO LIDE	rty Road	Randal	TSCOM	I, PID.	2113	2		C 27	1086	11 5	1. 0.	



027879 DE	2:	FOR SINTE HEGISTRAR		DEPART	MENT OF HEAL	*MARYLAND TH AND MENTAL HYC ATE OF DEATH	REG. I		0 0 1		
	1. DE	CEASED NAME FIRST		MIDDLE	LAST		20 DATE OF DEATH	MONTH DAY Y	ZEAR Zb. HOUR		
7 99	1	/Carl	H	lenry	Hud	zik		18, 1986	M		
2 41	1. SE	/	4 RACE		5. DATE OF B	IRTH	& AGE (IN YEARS LAST B		DAYS HOURS MIN.		
4 99 4	/	Male	Whit	e	August	17, 1927	59	YRS	The state of the s		
E SOLV	Te. B	ETHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY OF DEA	TH		
THE	10	Maryland	US	A	WIDOWED		Baltimor	ce County	MD.		
1 11/2	10 C	TY OR TOWN OF DEATH		HOSPITAL, NURSIN	NG HOME OR C	THER INSTITUTION	12a USUAL OCCUPA	TION 12b K	IND OF BUSINESS OR		
1 11 60		Dundalk		el Haven			(1YPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Fork Lift Operator				
24 hours		AL RESIDENCE (IF NURSING HOME STATE 13b CO Maryland Ba		GIVE RESIDENCE BEFOR 13c. CITY OR TOW Dundal	/N 13d	I INSIDE CITY LIMITS?	13e STREET ADDRESS 8245 Del	/ ZIP CODE Haven Road	21222		
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print, OR ATTENDON by the hospital or settle DRECTOR, At settlebed for use of Stoke Dept. of Health ANT, if then 21 is ma	Sec. Asia	22a. I certify that (1) (this has saw the deceased alive above, (1) (we) (did) (did 17b. SIGNATURE	an Conat) view the body		DEC	and in (my) (aur) apinian REE ATTENDING PHYSICIAN ADDRESS		AFF 22c	that (1) (we) lost im the causes stated DATE SIGNED 2/19/86		
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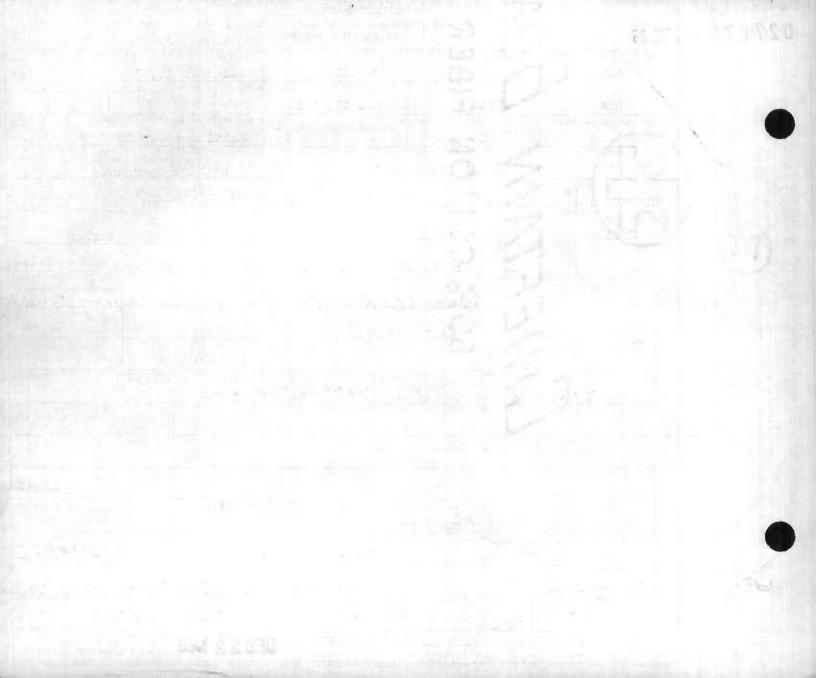
Duda-Ruck Funeral Home of Dundalk

7922 Wise Ave. Dundalk, MD

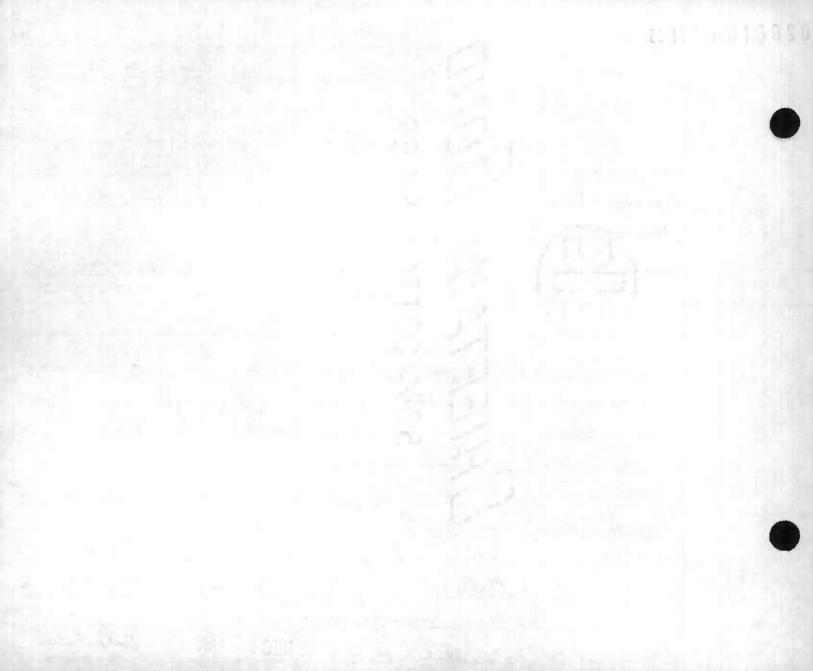
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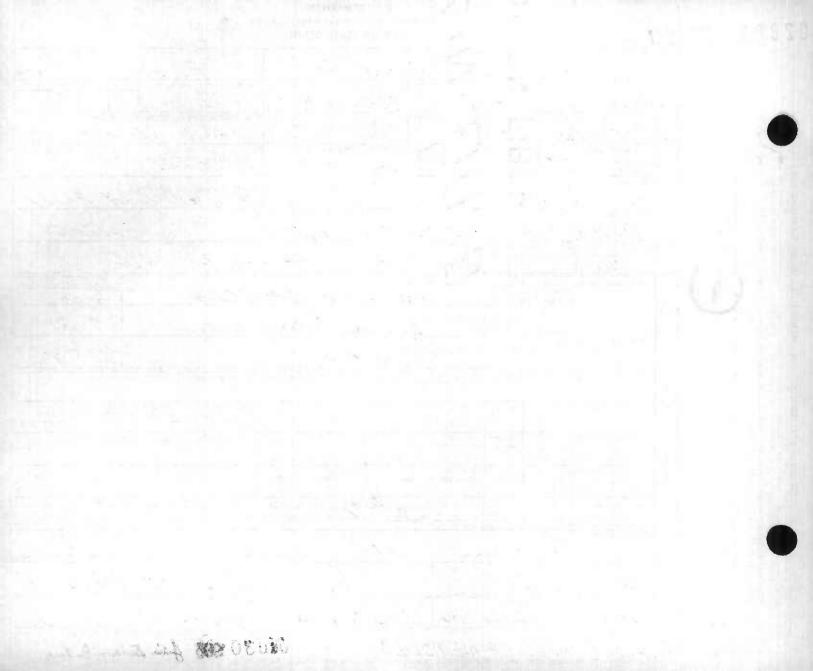
24 FUNERAL DIRECTOR



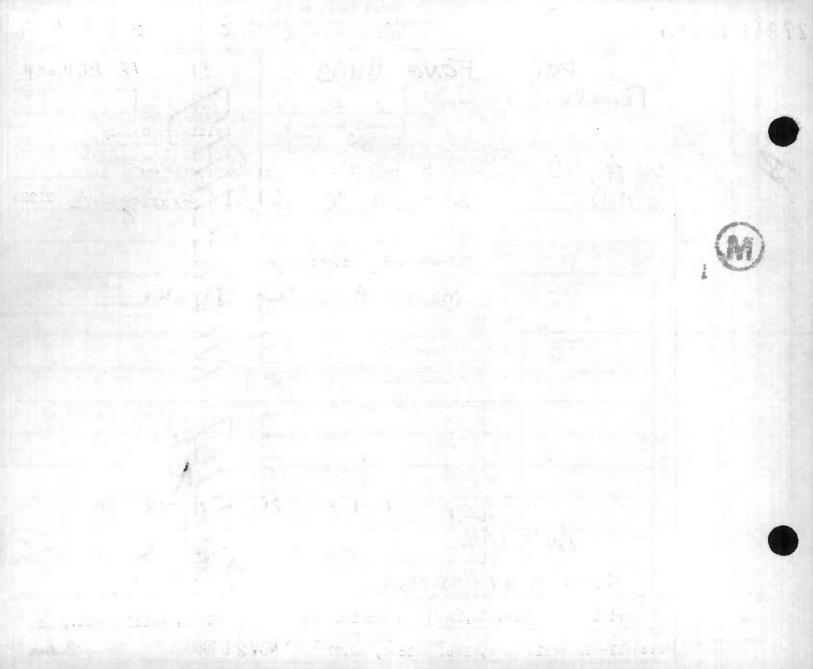
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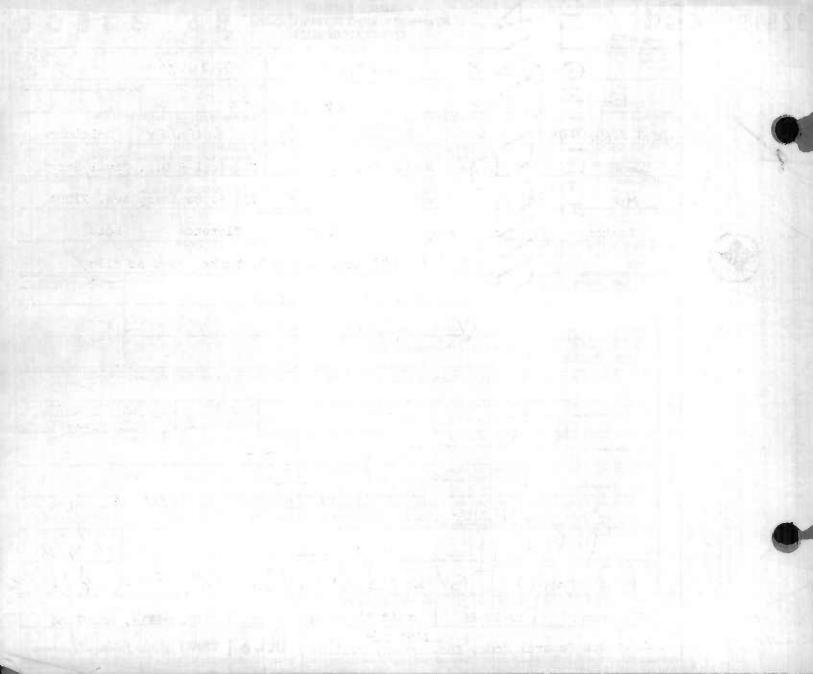


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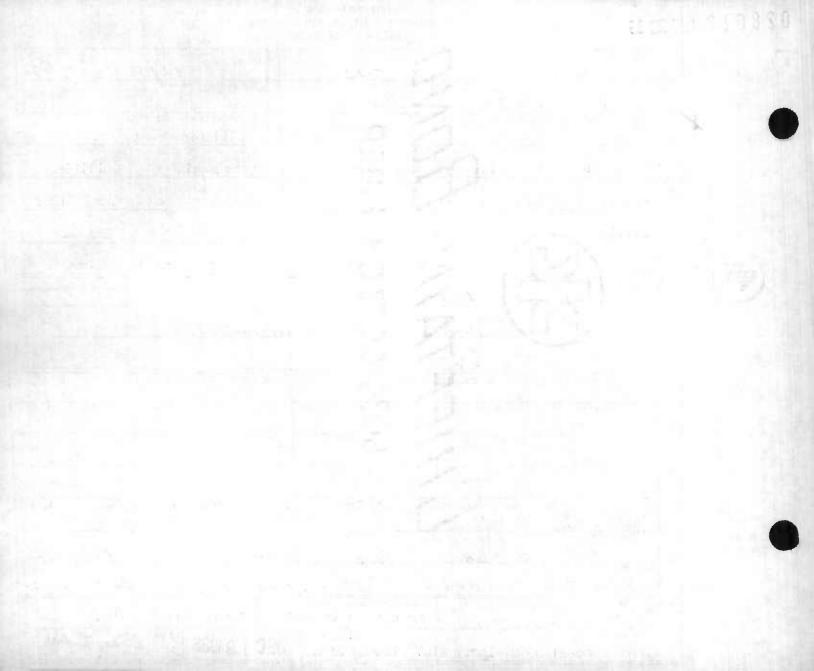


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DHMH - 16 60M 7/B4

(VRA 15, 4)

Leonard J. Ruck, Inc.

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Baltimore, Maryland

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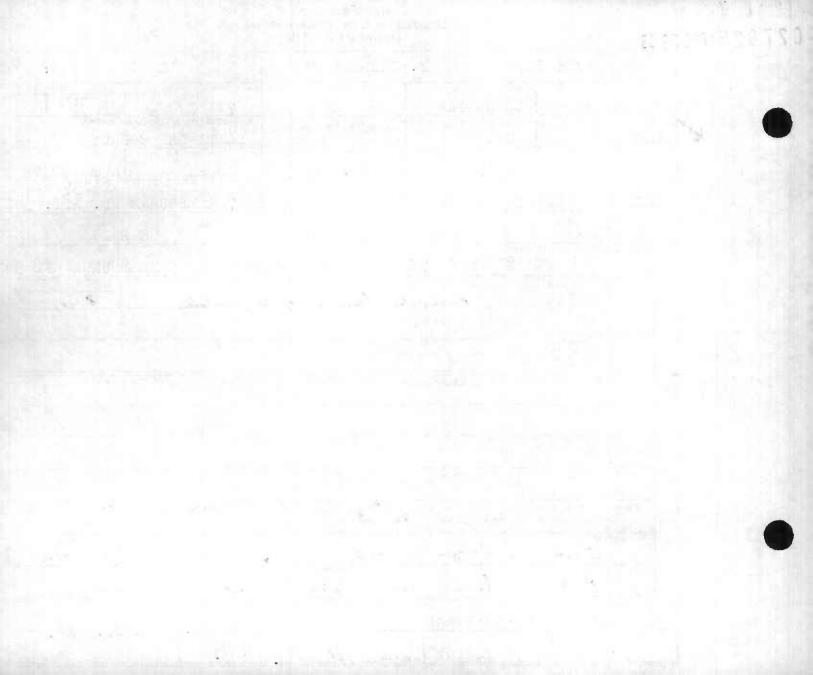
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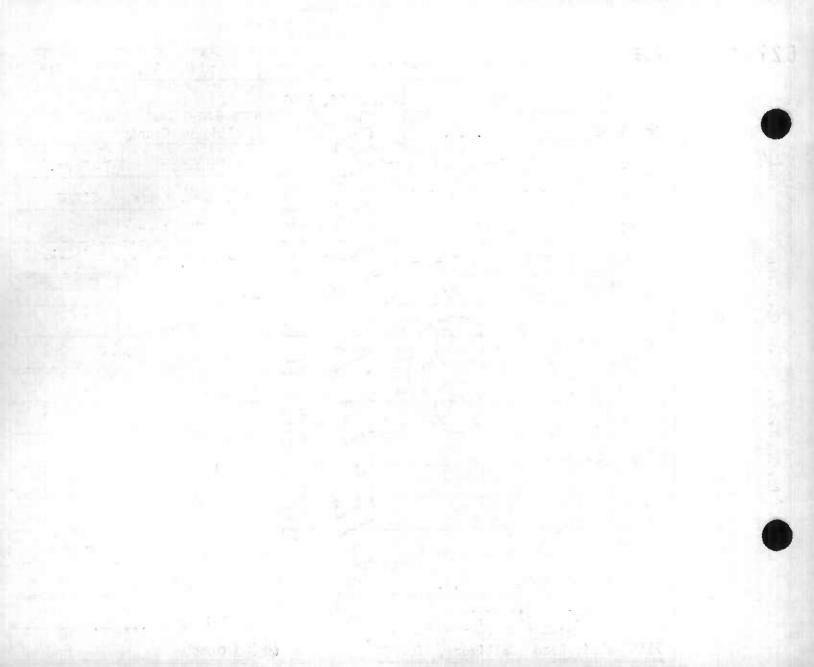
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TAL OF TAL OF CAMPORT OF TAL O		226 SIGNATURE	Angel	- ~		MEDICAL STAFF OTRECTOR PHYSICIAN	1220 DATE SIGNED
O HOSP to Fund thould be with the S		22d. PHYSICIAN'S NAME (TYP)	- A Serpick	MO	762 Endl		MD LILOY
ВР	CI	URIAL, CREMATION, REMOVA SPECIFY REMATION	12/19/86	WEST?	TEW	23d LOCATION CITY OF TOWN BALTO B	COUNTY STATE
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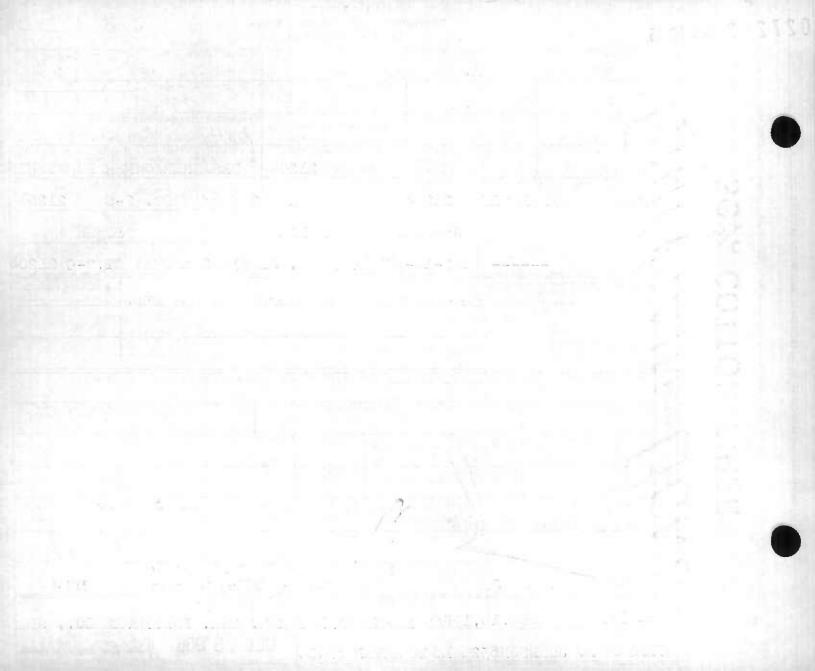
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 24 DATE OF DEATH MONTH 7h HOUR John Michael JEDNORSKI > JEDNORALSKI December 13, 1986 4:30PM 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR March 26, 1897 Male White 7a. BIRTHPLACE I STATE OR FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED XX NEVER MARRIED Maryland U.S.A. Baltimore County 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 12b. KIND OF BUSINESS OR TYPE OF WORK FOR MOST OF WORKING LIFE Saint Joseph Hospital GM Corp. Towson Warehouseman USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Maryland Baltimore Over lea 13d INSIDE CITY LIMITS? 112 Manor Avenue 21206 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Reinart Jednorski Stanislaus Verila ADDRESS Baltimore, MD. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 66 SOCIAL SECURITY NO. 17 INFORMANT 213-10-4837 Florian Jednorski 16 E. Elm Avenue 21206 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (g), (b), and (c).) PART I. DE ATH WAS CAUSED BY IMMEDIATE CAUSE Conditions, if any, which gove rise to immediate cause (o), stating the underlying cause lost. 190 DATE OF OPERATION 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [210. ACCIDENT WAS UNDERLYING 71h TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH PHEITAR HOLLANGE PREMANNER! 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 22a.1 certify that (1) (this hospital) attended the deceased from saw the deceased alive on. and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 77b SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL STAFF FUNERAL old be deta 12/15/86 PHYSICIAN V DIRECTOR PHYSICIAN MPORTANT 224 PHYSICIAN'S NAME (TYPE OR PHYS 22e ADDRESS Michael Hyle M.D. 7527 Belair Road Baltimore, MD 21236 23¢ NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 12/17,1986 Burial Gardens of Faith Cem | Baltimore Co. Dippel Funeral Homes, Inc. 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 7110 Belair Road (VRA 15, 4) **DEC 1 6 1986** Baltimore, MD in Divideon Pendale 21206



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5 £ 5 £ 3 ₹	23a	BURIAL, CREMATION, REMOVA			ME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN				
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 027293 CERTIFICATE OF DEATH REG. NO I. DECEASED NAME 2n. DATE OF DEATH page 3 (TYPE OR PRINT) 2 umas 3. SEX 4. RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 5. DATE OF BIRTH YEAR 0 BALTIMORE CITY OR COUNTY OF DEATH ASTATE OR FOREIGN MARRIED THEVER MARRIED WIDOWED DIVORCED [CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR DESIGNER/OWNER FURNI 011)501 13a STATE 2 ECOWAY CT. 2-C 21204 MARYLAND 21204 15. MOTHER'S MAIDEN NAME FATHER'S NAME MIDDLE MIDDLE AMELIA BOWEN THOMAS **JENKINS** 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 162-10-544 SARAH R. JENKINS2 ECOWAY CT.2-C 21204 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Liver with bone metastasi DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (0), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? transit peri NOF 210. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 8 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (H (this haspital) attended the deceased from saw the deceased alive on and that in (pm) (aur) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (did not) view the body after/death 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL PHYSICIAN DIRECTOR PHYSICIAN FUNERAL IMPORTANT. 22d. PHYSICIAN'S NAME TYPE OF PRINT) Stella Maris Hospice should be with the S Eddie Nakhuda, M.D. Dulaney Valley Rd.-Towson, MD 21204 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION 23c NAME OF CEMETERY OR CREMATORY BURIAL DEC. 18, 1986 DULANEY VALLEY MEM. GAR. BALTIMORE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 JOHNSON8521 LOCH RAVEN (VRA 15, 4)



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212	USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
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YLA if	Maryland Baltimore Towson YES NO M Dulaney Valley Road 21204
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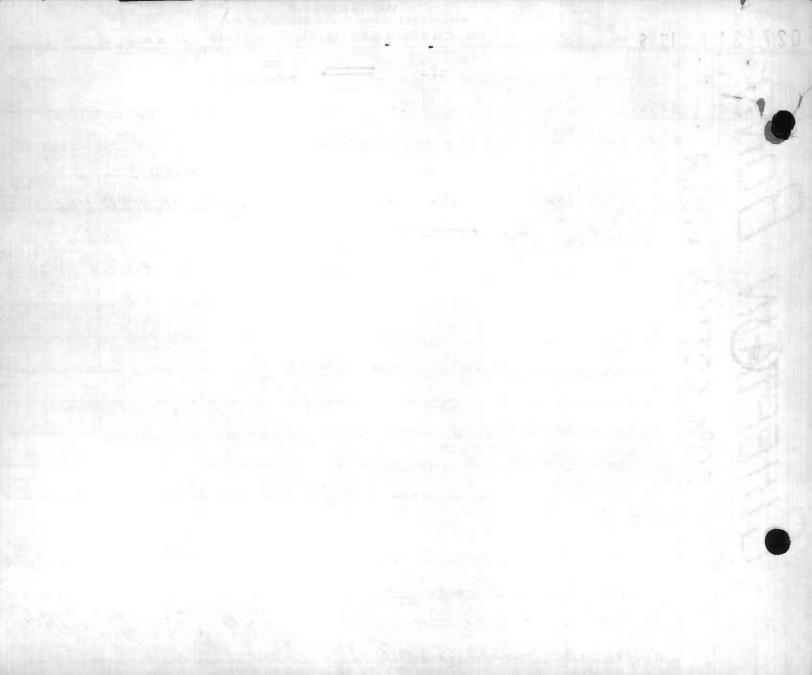
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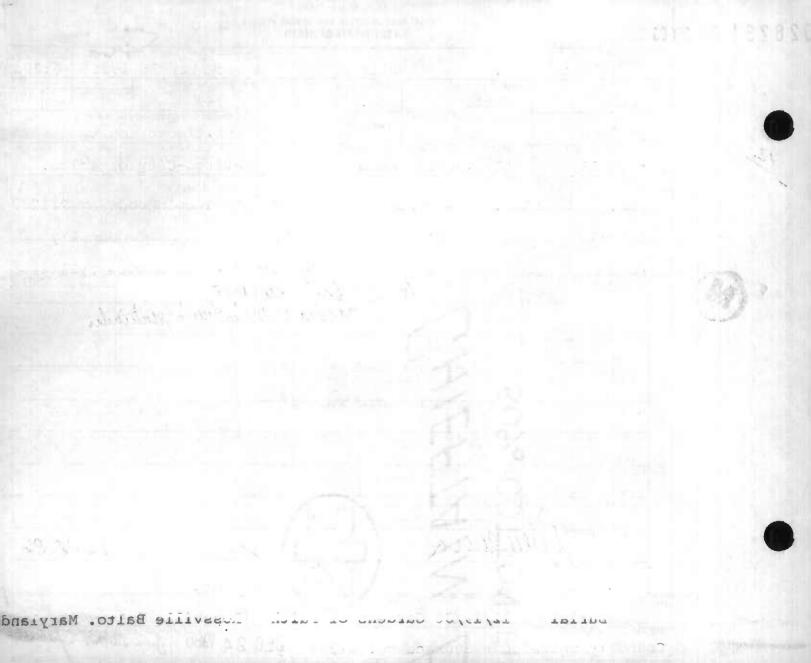
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U	11	131 DEC		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REG. NO. 3	6 6
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	W	F18950	7	ATHER'S NAME Thomas Kellam IS. MOTHER'S MAIDEN NAME MIDDLE OF SIRST	LAST
	ORE	35 3 5 CAL	14.3	VINCENT FOR REHAM WILLEIA HI KO	55
	N.	URS AFTER 8. GIVE P. WITH FO. IT. PAGES O'MISION	100.	WAS DECEASED EVER IN U.S. ARMED FORCES? (ES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) ADDRESS	212,15 Au
	¥	S AFT GIVE TTH F PAGE VISIO		ges 218 42-6901 MRV incent T. Kellan 28:	34 Virginia
	ST.	N. W. T. W.		CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMALY INTERVAL BETWEEN ONSET AND DEATH
	Z	TフラルZコ		IMMEDIATE CAUSE (o) Smoke and soot inhalation and carbon monoxide	
	ESTON			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
	1			Conditions, if ony, which gave rise to immediate intoxication	
	3	OR R OR R		cause (a) stating the under. DUE TO, OR AS A CONSEQUENCE OF	
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	- 5 L	THIS CERTIFICATE SHOULD BE EXECUTED WITH WRITING THE WORD PENDING. WARDED TO THE CHIEF MEDICAL EXEMITIVE PAGE 3 HOULD BE ABURIAL. RAN TATE DEPARTMENT OF HEALTH AND MENTAL 21201 PRIOR TO BURIAL CREMATION, OR RE	CERTIFICATION	210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)	YESXX NO
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	45	NER: THIS CERT ICATE, WRITING FORWARDED I TOR: PAGE 3 SH THE STATE DEPA AND, 21201[PRI	0	AT WORK AT WOR	Md.
		A S S S S S S S S S S S S S S S S S S S		22e Certify that I took charge of the remains described above, held on Autopsy X, Inspection . Inquiry . and in my opinion	ın
		MAN HELDER		death resulted from Notural causes . Accident . Suicide . Hamicide . Undetermined manner X.	
		AK WE TO WE WANTED		TITLE (SPECIFY)	
		A HORA		SIGNATURE WORKE DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER SIGNED	12-5-86
		DEA SEA	1		
		TO MEDICAL EXAMINER: THE CERTIFICATE. V PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE SITAMORE, MARYLAND, 2		EXAMINER'S NAME (ITYPE OR PRINT) Margarita A. Korell, M. Dodress 111 Penn Street	
		5X 4 5 4 8	23a.B	URIAL, CREMATION, REMOVAL 236 DATE 230 NAME OF CEMETERY OR CREMATORY / 238 LOCATION	1
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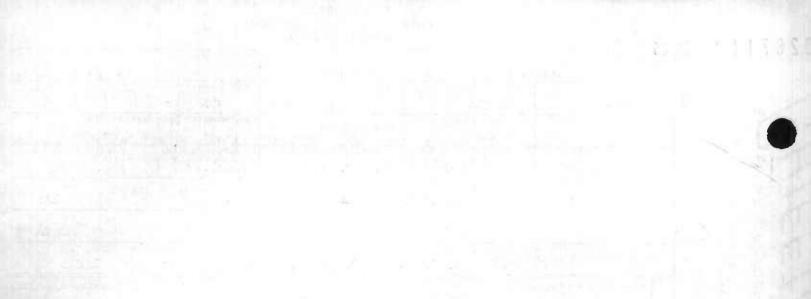
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2n DATE OF DEATH 1. DECEASED NAME (TYPE OR PRINT) Thomas December 16 1986 Kellv 6:30am Μ. A AGE (IN YEARS LAST BIRTHDAY) IF UNDER LYEAR IF UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 3. SEX HOURS 30 1916 White Male Dec. BALTIMORE CITY OR COUNTY OF DEATH Je BIRTHPLACE I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland Baltimore County USA WIDOWED 11. NAME OF HOSPITAL NURSING HOME OF OTHER INSTITUTION II. CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR Retired-City (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

27 Lincoln Woods Way PerryHall df Balto. USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS NO L Balto ParryHal 271 incolnWoodsWay 211 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Marcella Donnelly "ichael 160 WAS DECEASED EVER IN U.S. ARMED FORCES? IN SOCIAL SECURITY NO (YES NO OR UNKNOWN) MarieKelly 27LincolnWoodsWay21128 BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), a PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 Conditions, if ony, which gave rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 PICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 28g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO F 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 214. INJURY OCCURRED 21e. PLACE OF INJURY COUNTY STATE CITY OR TOWN STREET (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) WHILE NOT WHILE 220.1 certify that (1) (this happinal attended the deceased from saw the deceased all and that in (my) (our) opinion death occurred on the date and hour and from the causes stated of view the body ofter death obove, (1) (we) (did' 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL I PHYSICIAN DIRECTOR PHYSICIAN 77d PHYSICIAN'S NAME (TIPLOTPHIS 22e. ADDRESS Dr. Perez Mera 406 Eastern Ave. 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23g BURIAL, CREMATION, REMOVAL 236. DATE 12/19/86 Gardens of Faith Burial Rossville Balto. Maryland BP DFC 2.4 1986 Julia Dandon K 24. FUNERAL DIRECTOR Julia Dardon Ra DHMH - 16 50M 4/82 DEC 24 ConnellyFuneralHome 300MaceAve. 21221 (VRA 15, 4)



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	po po		3. SE)			4 RACE		5. DATE	OF BIRTH	WE 4.0	6 AGE IN	YEARS LAST BIRTI			
	ge 4			Male		WHIT	E	MON	20	1887	2	OS 75	9 YRS		July 1
	Po l dir	6	2 0	RTHPLACE (STATE OR FO	REIGN	76. CITIZEN OF	WHAT COUN	ITRY? 8 MARRI	D X NEVER	MARRIED -	9 BALTIMO	ORE CITY OF	COUNTYO	F DEATH	
	Seon Seon	11	_	RUSSIA		USA		WIDOW	ED C	ONORCED [MD.
5	1/	35		TY OR TOWN OF DEAT RANDALLSTO		11. NAME OF I	HOSPITAL, NI TIMORE	URSING HOME STREET ADDRESS) COUNTY	GEN. H	HOSP.	(TYPE OF WO	OCCUPATION OF THE CHANT		RETA:	IL
ND 212	24 hours	36	13a S	AL RESIDENCE (IF NURSIN TATE MARYLAND	IG HOME OR	OTHER INSTITUTION	130. CITY OR BALTI	TOWN	13d INSIDE	CITY LIMITS?	6938	ADDRESS / MARSU	ZIP CODE E DR.		
MARYLAND 2120	cotted within completely s 1 and 2 sh	03	14 FA	THER'S NAME SAM		MIDDLE KE	SLER LAS	т	15. MOTHER	FIRST IDA		WIDDIE		LAST M	OLTA
RE,	execution on displaying the control of the control	0	160 V	VAS DECEASED EVER I		MED FORCES?		SECURITY NO.	17 INFORM			YONDK		APT. 2	A
BALTIMORE,	ificate be exect physician and o papers. Pages moval.	medi		YES, NO OR UNKNOWN)	WWII	-NAVY	213-0	3-7291A	6938	MARSUE	DR.	BALT	O., MD		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	equires that the death cert in signed by the attending. Then please remove carbon to buriol, cremotion, or res	njury,	NOI	Conditions, if ony, gove rise to imm couse (a), stoting underlying couse PART 2 OTHER SIGN	which ediate i the lost	(b)	R AS A CONS	SEQUENCE OF SEQUENCE OF	0	Discase		se or cond	DITION GIVEN	N IN PART 1(0)	
AL RECO	N. The low rechysicion. Icote hos been ronsit permit. T	0	CERTIFICATION	19a DATE OF OPERAT	ON	19b. COND	ITION FOR W	HICH OPERATION	N WAS PERF	ORMED	20g AUT YES	OPSY?	IN CERTIFY	NG CAUSES OF	DEATH?
OF VII	3 a = 1 o	Fem 18 st		21g. ACCIDENT WAS UNDER OR CONTRIBUTING CONTRIBUTING CONTRIBUTION CONT	AUSE OF DEA		M. MONTH	H DAY YEAR	21c HOW	INJURY OCCURI	RED (ENTERN	ATURE OF INJUR	Y IN ITEM 18 PAR	TIORPART 2)	
IVISION	G Photon	kedo	MEDICAL	21d. INJURY OCCURRI	E \square		OF INJURY REET, FACTORY, C	OFFICE, FARM, ETC.)	21f. LOCAT	ION ET		CITY OR TOV	VN	COUNTY	STATE
	spitol or CTOR: A for use	n 21 is mo		220-1 certify that (1) (saw the decease above, (1) (we) (di	d olive on	12/22				y) (our) opinion	, to death occurr	ed on the do	, 17	and from the cou	uses stoted
	TAL OR / y the ho RAt DIRE detoched	T. F Fe		226. SIGNATURE	exton	ر			M O	ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAF	F IAN 🗹	12/26	2/86
	TO HOSPITAL of the TO FUNERAL Is should be deto	IMPORTANT		J. Bo	ME (TYPE O	PRINT)				to. Cou			.) Ho:	sp	
	BP		23a. B	BURIAL		DEC.23		23¢ NAME OF FORB	AND	RCREMATORY		OSEDAL		BALTO.	STATE
	DHMH - 16 60/ (VRA 15,		24 FU	INERAL DIRECTOR 6010 REIST				BROS.,	INC. 212	1.5 25a. DA	C30	RE1986	Sb. REGISTRA	AR'S SIGNATUR	Andres



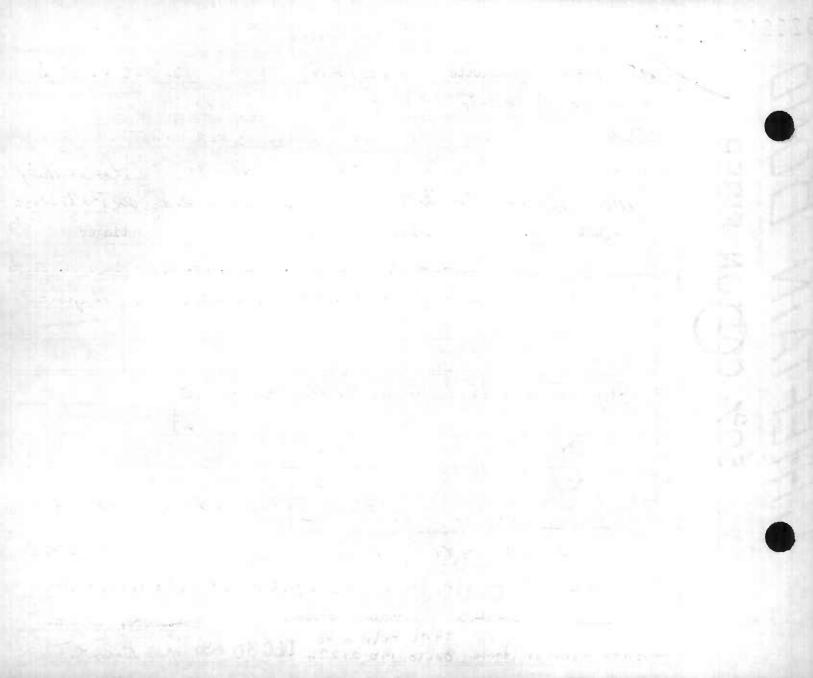
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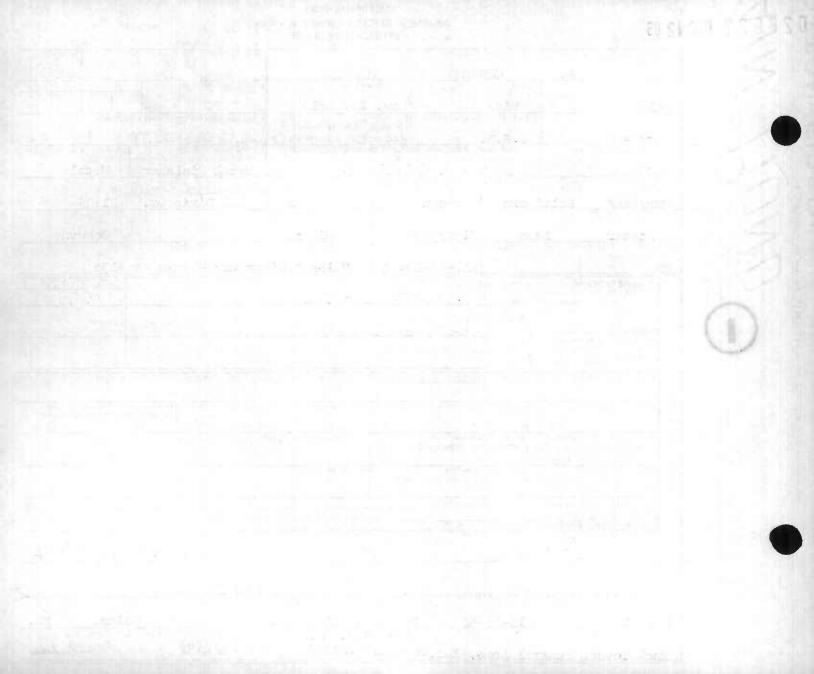
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

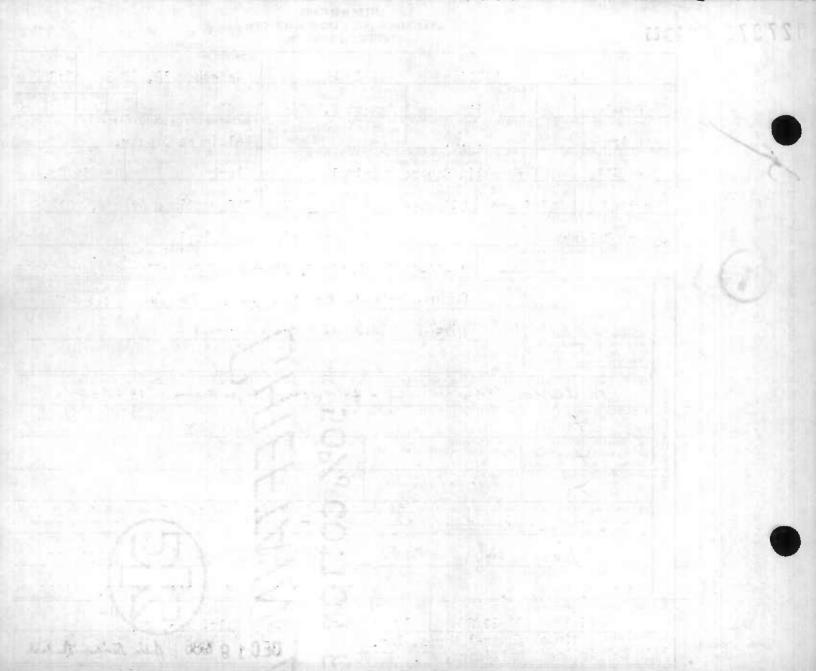
	CORPORATE TOTAL			REG. NO.	
1.06	OR PRINT)	WIDDLE	LAST	24. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	BERTHA	Charlotte	KILIAN	12 2	C86 5 M M
1. SE	X and	4 RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS
	temale	While	MONTH DAY YEAR	69	ONTHS DAYS HOURS MIN.
		76. CITIZEN OF WHAT COUNTRY	? 8	9. BALTIMORE CITY OR COUNTY	OF DEATH
14	aryland	USA		BALTO COUNT	7 · MD.
10.5	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12ª USUAL OCCUPATION	126. KIND OF BUSINESS OR
70	ulerton Mel	Flien Flien	. Hierretal	As an A	INDUSTRY
TISU.			T ADMINISTRA	In CIDEST ADDRESS (ZID CODE	The state of
2000	Md 134				Pd Ball 21236
14.F/			15. MOTHER'S MAIDEN N	AME 0	ne
-	August	D. Ülr	ich Sophia	WIDDLE	Obinger
			URITY NO. 17 INFORMANT	ADDRESS	
- (YES, NO OR UNKNOWN) (IF YES, GIVE		1087 Howard J.	Kilian. Jr. 4702	Ridge Rd. 21236
	18 CAUSE OF DEATH (Enter on			7	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED	BY: 1 Trens	scholer Curd	io Vascules Dusus	18 ins =
	IMMEDIAII				
19	Canditians, if any which	DUE TO, OR AS A CONSEQU	JENCE OF		
	gave rise to immediate	DUE TO OD IC I COVICEO	51155.05		
	underlying cause last.	DUE TO, OR AS A CONSEQU	JENCE OF		STATE OF THE STATE
	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	SEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION GIVE	N IN PART 11a
Z O	Hyran tense	on; victal to	ernewit fe flew &	soschercuts	
CAT	190 DATE OF PERATION	196 CONDITION FOR WHICE	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF YES	WERE FINDINGS USED
TIF	X			YES NO YES	ING CAUSES OF DEATH?
E C	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART I OR PART 2)
AL	OR CONTRIBUTING CAUST OF DEAT	P.M.	19		
ED!	21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OF TOWN	COUNTY STATE
2	WHILE NOT WHAT AT WORK	TALLHOME STREET PACTORY, OFFICE.	NA		
		al) attended the deceased fram.	10-3 1968	10-12-26	19 66 that (\$ (we) last
2	saw the deceased alive an	view the bady after death	CL, and that in (my) (our apiniar	n death accurred an the date and haur	and fram the causes stated
	22b SIGNATURE	0 11	DEGREE		22c. DATE SIGNED
	wh	nc. Hece	M) ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-27-86
	THE PHYSICIAN'S NAME (TYPE OF	PRINT)	22e ADDRESS	0 0 1	- 4
	JOHN	C. Hyle 1	hD 7527 R	selvi Pel Ballo	21236 Mil
		23b DATE 23c		23d LOCATION	
J.	Burial	12-30-86	Parkwood Cemetery		e, Maryland
24 Ft		1401		TE REC'D. BY REGISTRAR 256. REGISTR	
L	assahu Funers	1 Home BALT	0. Mb. 21236 UE	630 1986 Julia d	Twidson Randall
	MEDICAL CERTIFICATION 12 230 E	18 CAUSE OF DEATH IENTER ON PART I. DEATH WAS CAUSED IMMEDIATE IMMEDIATE CAUSE (1) STORY OF DEATH IENTER ON PART I. DEATH WAS CAUSED IMMEDIATE CAUSE (1), stating the underlying cause last. PART 2. OTHER SIGNIFICANIC OR CONTRIBUTING CAUSED	Charlotte RACE WIST RACE WIST TO CITIZEN OF WHAT COUNTRY USA 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION OF THE PRINTING OF	The Bith Heace S. Date of Birth Date Date	DEPTH A Charlotte KLLAN Jabana



				SIAI	E OF MARYLAND	and the same of th	at an 9 ti	4 1
3922 DEC	12.	FOR STATE			EALTH AND MENTAL HYG	SIENE & O S	5 5 6 4	
		REGISTRAR				REG. NO.		
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oy be		L.	COBURN	, k	INGSBURY	12	7 86 8	3:50A ~
tar. page 3 after death	3. SE	X	4. RACE	5. DATE (- DITT.	6 AGE (IN YEARS LAST BIRTHDAY)		UNDER 24 HRS
ge 4	M	ale	White		19, 1910	76 YRS		DURS MIN.
Po Pour	70 B	IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT C	OLINTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR COUN		
n 72	1	arvland	U.S.A.	WIDOW		BALTIMORE COUN	ITY	AAT
		ITY OR TOWN OF DEATH	11. NAME OF HOSPITA	AL, NURSING HOME	OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BU	USINESS OR
= 0 進	2	TOWSON	CDMC - 6		CT	(TYPE OF WORK FOR MOST OF WORKING	G LIFE) INDUSTRY	
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d b		STATE 136.CO		YORTOWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CO		
□ B B C C C C C C C C C C			timore To	wson	YES NO 🖹	321 Dixie Dr	. 21204	
d 2 s	14.7	ATHER'S NAME FIRST	WIDDLE	LAST	15 MOTHER'S MAIDEN NAM	WE	LAST	
ond	1	Lester	Leon Kin	gsbury	Mildred		Cobur	n
dical dical		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SO	CIAL SECURITY NO.	17 INFORMANT	ADDRESS		
Pages medic	N			-14-1048A	Helen T.Ki	ngsbury - same	as #13e	
a sicio	广	18. CAUSE OF DEATH (Enter			1102011 2110	11-500-427 044.10	APPROXIMATI BETWEEN ONSE	EINTERVAL
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22		IMMEDI			LIVINOTTIO		11011	111
Ta: 1				ONSEQUENCE OF	VAADI IOAAA			
101		Conditions, if any, which gave rise to immediate	(b)	RGE CELL L	TIMPHUMA			
		couse (a), stating the underlying couse last.	DUE TO, OR AS A C	CONSEQUENCE OF				
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Then p to bur njury,	Z	PART 2. OTHER SIGNIFICAN	T CONDITIONS <u>CONTRIBU</u>	ITING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION (SIVEN IN PART 110	
prior J	CERTIFICATION	190. DATE OF OPERATION	19h CONDITION FO	OR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? 206. IF	YES, WERE FINDINGS	LISED
S e e S	E S				TO TEM OWNED	IN CER	RTIFYING CAUSES OF	DEATH?
ronsit p Hygier	E	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJUR	v	11. HOW BLUIDY OCCUP			10 🗌
		OR CONTRIBUTING CAUSE OF I		ONTH DAY YEAR	ZIL HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM I	8 PART I OR PART 2)	
his certif buriol-1 d Mental or Item	ŏ.	(IF EITHER, NOTIFY MEDICAL EXAMIN		19				
the bu	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU	ORY, OFFICE, FARM, ETC 1	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
olth and marked	-	AT WORK NOT WHILE AT WORK						
S. A. Use Use S. M. S. M		22a.1 certify that (I) (this has	pital) attended the decea	sed Irom		, to	, 19, that	(I) (we) lost
for of H	100	sow the deceased alive a	on not) view the body after de		nd that in (my) (our) apinion o	death accurred on the date and h	iour and from the cous	ses stated
DIREC Dept. f Hem		226. SIGNATURE	noty view the body offer de		DEGREE		22c. DATE SIG	NED
RAL DII detoch tate De		X. MXI	SAMI A		MA ATTENDING	MEDICAL STAFF	1 17/21	1901
Stat ANT		22d. PHYSICIAN'S NAME (TYPE	E OR PRINT)		PHYSICIAN [DIRECTOR PHYSICIAN	112/1/	1786
FUN SIGN					6701		1	
should be deto	220 5	STEVEN GL		I 22. NAME OF		ARLES ST. GBMC		
•		(SPECIFY)			EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	STATE
·—		urial UNERAL DIRECTOR	12-10-86		Baptist Cem.	E DECID BY DECISED LOCAL	Balto.	Md.
H - 16 60M 7/84		NAME		ADDRESS 1050	TOTIC TOOL	E REC'D. BY REGISTRAR 256. REG	·	
(VRA 15, 4)	LR	uck Towson Fun	eral Home, I	nc. Towson	Md.21204	-0 1 0 1900 J	in Davidson. K	indaes

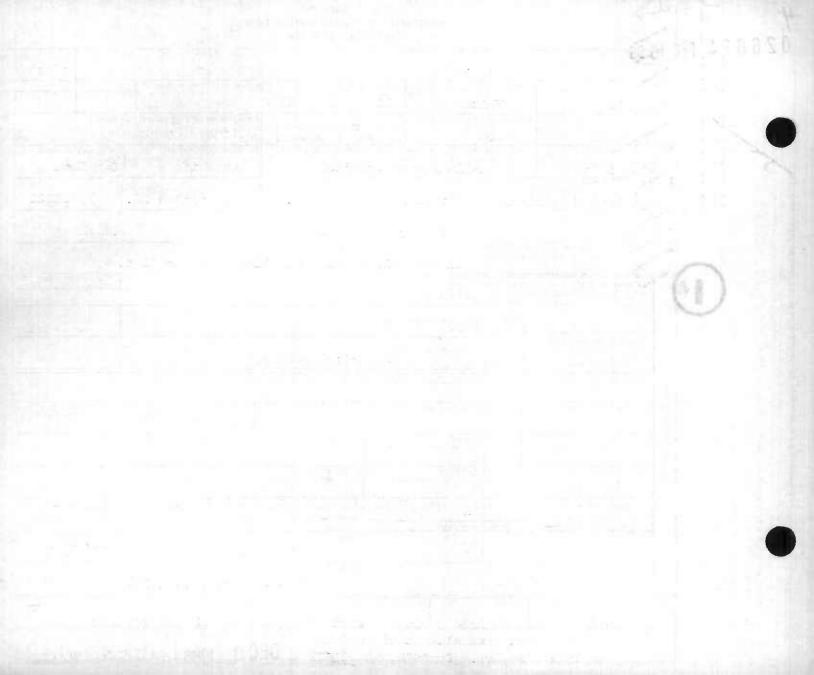


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	y be y be ge 3		(TYPE	OR PRINT)	ry	lil	lian	KI	RCHNER		December	18.	1986	:	2:30P M
	aoy,		3. SEX			4. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BIR		IF UNDER	1 YEAR	IF UNDER 24 HRS
	ye 4		100	Female		Whi	ite	MOINT	ust 8.1924	AR	62	YRS.		DATS	HOURS MIN.
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N	fille ould	35		ryland		timore	Lanov		YES NO		8 Council	man A	Avenue		21206
YL/	tely ship	うもん		THER'S NAME		MIDDLE	LAST	-	15. MOTHER'S MAIDE	EN NAME	MIDDIE			LAST	
MAI	de la	(1)	Jo	seph Zelen	ka	Moore	End)		Kather	ine	Sm1sa1			CMSI	
BALTIMORE, MARYLAND 2	1	licol	16a V	VAS DECEASED EVER I	N U.S. AF	RMED FORCES?	16b. SOCIAL	SECURITY NO.	17. INFORMANT		Barr	timo i	re, MI).	
IMO	100	medico	(,	No	(IF 1E3, OI		216-14	-3883	Louis J. I	Kirch	ner 8 Cou	nciln	nan Av	enu	e 21206
SALT	1 1	ol.		18. CAUSE OF DEATH PART I. DEATH W.	(Enter o	nly one cause pe	line for (q), (b	o), and (c)					BEI	PPROXIMATIVEEN OF	ATE INTERVAL
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NO	h ce ding	aric a	8			DUE TO, O	R AS A CONS	EQUENCE OF							
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3	that d by	r oth	10	underlying couse	lost	(c)_					240				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	quires signed hen pl	ra burn jury, a	N	PART 2 OJHER SIGN	HICANT	CONDITIONS C	Culo	TO DEATH BUT	PAICE . 1 W	/	AL DISEASE OR CON			ART 110	
COR	w re been	uny ir	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	THON FOR WI	HICH OPERATIO	N WAS PERFORMED	7.	20a AUTOPSY?	20b. IF Y	ES, WERE		
LRE	an. hos	Se une	CIFIC	7						200	YES NO X	1	TIFYING CA	USES O	NO []
/ITA	Vsicio ysicio	Hygie Salas	CERI	210. ACCIDENT WAS UND	ENLYING [21b. TIME C			21c. HOW INJURY O	CCURRED	(ENTER NATURE OF INJU			ART 2)	
OF.	CIAP Physical CIAP CIAP CIAP CIAP CIAP CIAP CIAP CIAP	T T T		OR CONTRIBUTING			M. MONTH	DAY YEAR	X 20 1						
O	HYSI Iding	o #	MEDICAL	21d. INJURY OCCURR		21e. PLACE	OF INJURY		21f. LOCATION	17	CITY OR TO	234/24	COUP	LITY	STATE
IVIS	G P otter	rked	¥	WHILE NOT WHE		(AT HOME, ST	REET, FACTORY, OF	FFICE, FARM, ETC.)	SINEET		CITORIO		000		SIAIL
۵	Af o Se	mar		22a.1 certify that (1)	(this hosp		ne deceased fr	rom 3 -2	, 19_	6-7	, to 12-1	18	, 19_8	6 , th	at (* (we) last
	TTEN pital TOR	of H 21 is		sow the decease above, (4) (we) (d	d alive ar	ot) view the body	18 denth	19 86,0	nd that in (my) (pinion dea	th occurred on the d	ate and h	our and fra	m the ca	uses stoted
	hos hos	Hem Hem		226. SIGNATURE	. n	C 114	,		DEGREE	100			22c.	DATE SI	GNED
	AL O the AL D	T. If		U	Alexan	6.140	l	mD	PHYSICI	IAN X	MEDICAL STA	FF CIAN [12	2/19	/86
	d by	TAN		22d. PHYSICIAN'S MA	ME (TYPE	OR PRINT)	3		22e ADDRESS	177					
	TO HOSP etained TO FUN	MPORTANI		John C!	Hyle	, MD.		5000	7527 Bela	air R	load Balt	imore	e, MD.	. 2	1236
	Te se	3 3		URIAL, CREMATION, I				23¢ NAME OF	EMETERY OR CREMAT		23d. LOCATION	1100	COUNTY		STATE
	BP			Buria		12/22		Holy Re	deemer Ceme	eterv	Baltimor	e. MC).		
	DHMH - 16 50	M 4/82	24 FU	INERAL DIRECTOR D	ippe	1 Funera	al Home	s, Inc.	25	Sa DATER	EC'D. BY REGISTRAR	256 REGI	STRAR'S SI		
	(VRA 15,	4)	71	10 Belair	Road	Baltin	ore. M	D. 212	06	DEC	1 9 1000	Guli	in Deni	ا ملاحد	Remidently.

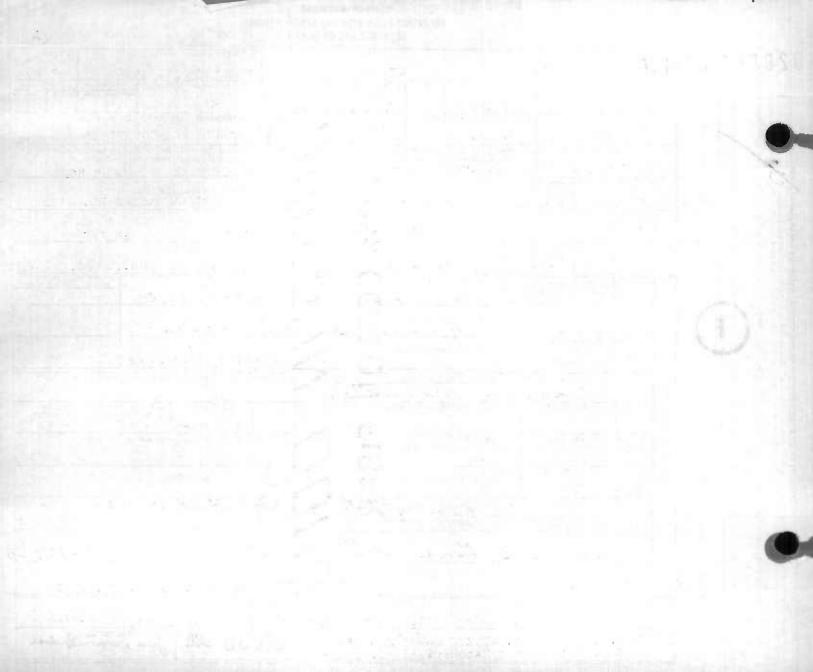


7922 Wise Ave. Dundalk, MD 21222

(VRA 15, 4)



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1. DECEASED NAME LAST 2a DATE OF DEATH MONTH DAY YEAR 2b. HOUR 00 FLORENCE KNIGHT DECEMBER 27, 1986 4. RACE 5 DATE OF BIRTH & AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR IF UNDER 24 HRS 3 SEX MONTH DAY YEAR FEMALE WHITE JUNE 12. 1888 7a BIRTHPLACE 9. BALTIMORE CITY OR COUNTY OF DEATH I STATE OR FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY IOWA BALTIMORE U.S.A. COUNTY DIVORCED [WIDOWED IN CITY OF TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 12a LISUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE! INDUSTRY CATONSVILLE SUMMIT NURSING HOME HOUSE WIFE OWN HOME USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE REFORE ADMISSIONA 136 COUNTY 13e STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? 1214 BLACK FRIARS RD. 21228 MARYLAND BALTIMORE NO TY CATONSVILLE YES | A FATHER'S NAME 15. MOTHER'S MAIDEN NAME CHARLES ALIDOTE A MIDDLE EAST FIRST BERGMAN MARGARET PETERS ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT [YES, NO OR UNKNOWN] (FYES, GIVE WAR OR DATES! NO 1202 NUWOOD DR. BALTO. MD 217-18-9831 GLORIA LEONE APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 20e AUTOPSY? 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 710 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d INJURY OCCURRED 7) e PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a.i certify that (I) (this hospital) attended the deceased from ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive on_ above, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL FUNERAL old be deta PHYSICIAN DIRECTOR PHYSICIAN 224. PHYSTCIAN'S NAME (TYPE OR PRINT) 22e ADDRESS MPORT JAMES E. ROWE 413 COMMONWEALTH AVE. BALTO. MD. 21228 23e BURIAL, CREMATION, REMOVAL 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CITY OR TOWN MARYLAND BURTAL 12/29/86 NEW CATHEDRAL CEMETERY BALTIMORE CITY LERO RAL DIRECTOR RUSSELL C. WITZKE BUNERAL HOMES DHMH - 16 60M 7/84 1630 Edmondson Avenue Catonsville Md. 21228 (VRA 15, 4)



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

13e STREET ADDRESS / ZIP CODE 3924 New Section Rd. 15. MOTHER'S MAIDEN NAME FIRST Annastassia Zajie 17 INFORMANT Mildred Kotras, Wife Same APPROXIMATE INTERVA 20b. IF YES, WERE FINDINGS USED 20n AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NO F NO 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f LOCATION COUNTY STATE STREET CITY OF TOWN DEGREE 22¢ DATE SIGNED ATTENDING PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS Gardens of Faith Cemetery Baltimore Co., Md. Dia Davidson Pandace

STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 20. DATE OF DEATH YEAR 7h HOUR DECEASED NAME LIYPE OR PRINTS Edwin Arthur Kotras, Sr. December 4, 1986 & AGE (IN YEARS LAST BIRTHDAY) IF LINDER 1 YEAR IF LINDER 24 HRS 4 RACE S DATE OF BIRTH 3 SEX July 26. 1915 AR Male White 9 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Baltimore. Md. USA Baltimore County WIDOWED IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12n USUAL OCCUPATION 17h, KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY NOT IN SUCH FACILITY GIVE STREET ADDRESS)
3924 New Section Rd. Middle River 21220 Hospital MALLAL RESIDENCE LIENURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION Bowley's Qtrs YES Maryland Baltimore 4 FATHER'S NAME Frank Kotras 60 WAS DECEASED EVER IN U.S. ARMED FORCES? IAL SOCIAL SECURITY NO (YES, MOOR LINKHOWN) 01 4856 215 18 CAUSE OF DEATH (Enter only one couse per line for (a), 1b1, and (c) PART I. DEATH WAS CAUSED BY must ens temphone IMMEDIATE CAUSE (o) DUE TO OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 710 ACCIDENT WAS UNDERLYING 716 TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 71d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME STREET FACTORY OFFICE FARM ETC) NOT WHILE AT WORK 220 I certify that (1) (this hospital) attended the deceased fram_ saw the deceased alive an and that in (my) (aur) apinian death accurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE W 274 PHYSICIAN'S NAME (TYPE OF PRINT 23c NAME OF CEMETERY OR CREMATORY 236 BURIAL, CREMATION, REMOVAL 23b. DATE 12/6/86

DHMH - 16 60M 7/84 (VRA 15, 4)

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Bruzdzinski Funeral Home PA 1407 Old Eastern Ave

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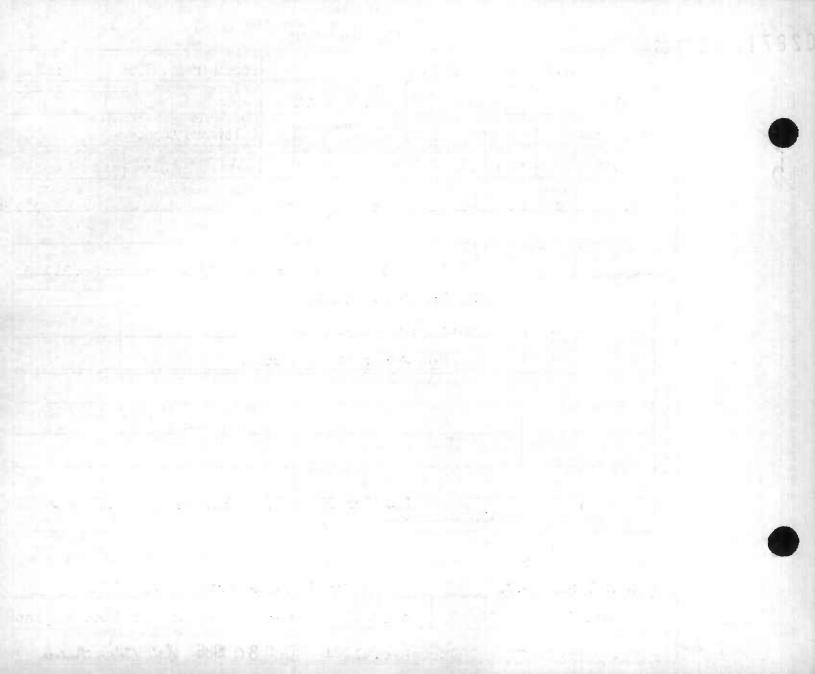
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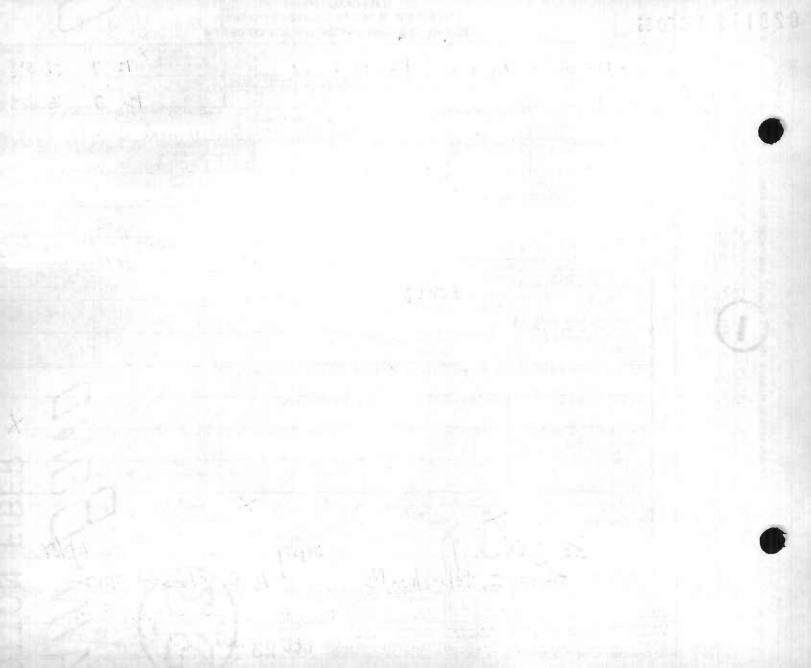
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% % % % Fi		CEASED NAME PE OR PRINT)	argaret	Ele	anor		Krai	Et		2	O. DATE KN OF E DEATH M.	STI-	ect 5198	26. HOUR 4: 30A
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1 17		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N	URSING HOME C	OR OTHER INSTITUTION	12a. USUAL OCCUPAT	ION 12b.	KIND OF BUSINESS OF
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		Frank	Nova		Gertrud			LAST
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OR. US		17s. I certify that within hosp	December 28	_19_86 or	d that in (my (our) opinion		r 28, 19_8	36 (we) los
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		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	· COUN	TY STATE
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DHMH - 16 60M 7/84	1	UNERAL DIRECTOR		DRESS		TE REC'D. BY REGISTRAR		
(VRA 15, 4)	Co	onnellyFunera			21221 IDFC	3 0 1986	Mulia Divid	m. Po dace





John M. Weber & Sons, Inc. 401 S. Chester St.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 🖰 CERTIFICATE OF DEATH

Westview Memorial

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126 KIND OF BUSINESS OR

BETWEEN ONSET AND DEATH

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STATE

Md.

5:45

IF UNDER 24 HRS

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YES [

Catonsville,

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

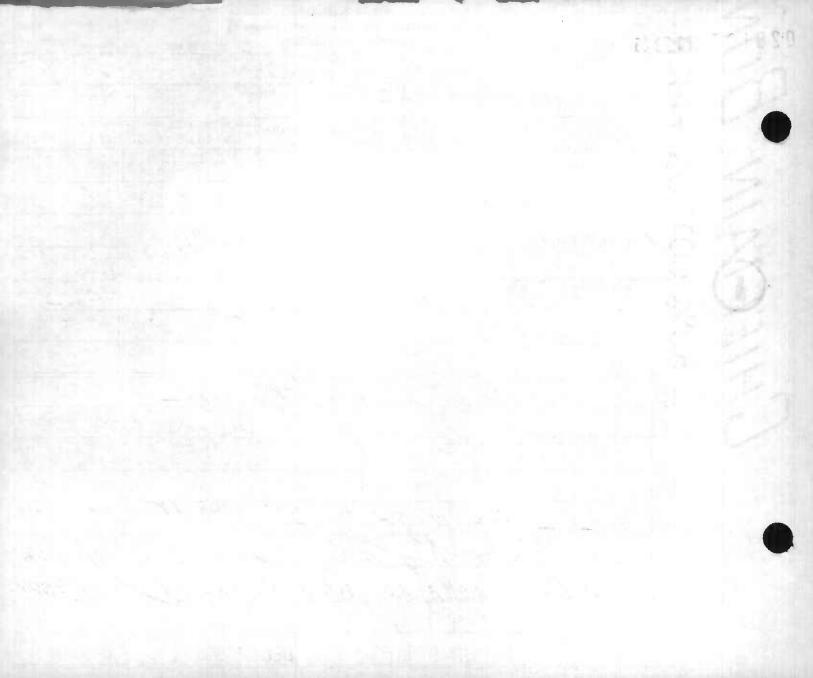
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IF UNDER 1 YEAR

INDUSTRY



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGI

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J										В	ecke	r	
					166 SOCIAL SECUR	RITY NO.	17 INFORMANT	A	DDRESS	1000			
	()		(IF YES, GIV	E WAR OR DATES	212-26-4	252	J.K.Carroll 5	Oak Knol	ll Road	d 210	30		
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		22a. I certify that (I) saw the decease obove, (I) (we) (c 22b SICNATURE	ed alive an		19	-, o	nd that in (my) (aur) opinion of DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF			causes st	
		22d. PHYSICIAN'S NA	AME (TYPE O	R PRINT)	п	,	22e ADDRESS	61	-	4		//	
Ц		CARL	A I	+ · AL	exANd	ell	DULANCY	/	Kd				
	23a. B	BURIAL, CREMATION,	REMOVAL	23b DATE		AME OF C	EMETERY OR CREMATORY	23d LOCATION		ATTOM	MDEN	ANDSC	TIARIT

DHMH - 16 60M 7/84

(VRA 15, 4)

Burial 12-5-86 Dulaney valle Fuleral Director Chell-Wiedefeld Home 6500 York Road 21212

Dulaney Valley

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE



DHMH - 16.60M 7/84 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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	DEC	FOR STATE OF REGISTERA	DEPA		ICATE OF DEATH	IENE O REG. NO	ပ ံ ပံ ၁.	0	6.0 %	
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	1 SEX		4 RACE	5. DATE C		6. AGE (IN YEARS LAST BIR	THDAY) IF UN		UNDER 24 I	
	,	Female	White	10/	18/20 YEAR	66	YRS	TO DATS H	DURS	
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16		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI Greater Baltin	REET ADDRESS) NOTE Med	dical Center	170 USUAL OCCUPATE (TYPE OF WORK FOR MOST O Homemaker	F WORKING LIFE IN	NO KIND OF B	USINESS	
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300)	THER'S NAME John Englehard	MIDDLE LAST		15. MOTHER'S MAIDEN NAM	Amelia Kunt		LAST		
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-	CAL	OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. MONTH	19		YES NO	YES [X]	1	NO []	
		OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED NOT WHILE AT WORK 22c. I certify that (1) this hasp sow the decessed alive or above (1) well did yield in	HOUR A.M. MONTH P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFI	19 ICE FARM ETC) DET	211. HOW INJURY OCCURR 211 LOCATION SIREE1 20 19 86 and that in (my) aur) apinian o	YES NO CITY OR TO	YES X EY IN ITEM 18 PART I C WN C te and haur and	OR PART ?) COUNTY 86 . tha	stat	
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STATE OF MARYLAND

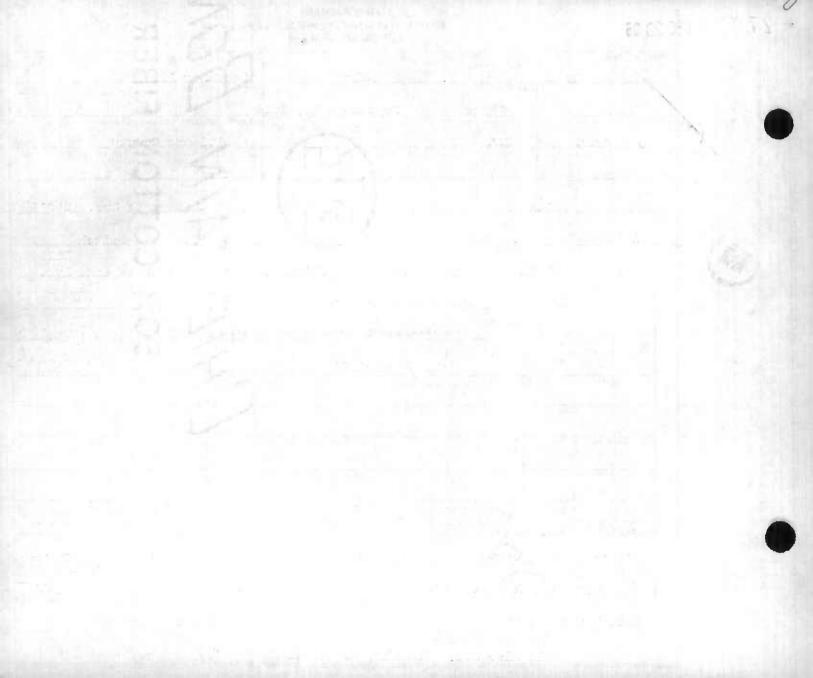
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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J	/	Male		Whit	e	Sept	ember 12,	1924	62	YRS				100
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-	14 FA	Maryland THER'S NAME	I Dalli	more	Edgeme:	LE	15. MOTHER'S MAIDE			Sapea	VE VAG	-	212	.13
a		FIRST	MI	DDLE	LAST		FIRST		MIDDLE			LAST		
4		William			hey		Mary		T		Frit	tch		
		VAS DECEASED EVER		ED FORCES? WAR OR DATES)	166 SOCIAL SEC	URITY NO.	17 INFORMANT		ADI	DRESS			212	19
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1		underlying couse		(6)		2005.	torte				/	5	no	rette
1	12.3	PART 2 OTHER SIGN	NIFICANTICO	NDITIONS CO	NTRIBUTING TO	DEATH BUT	NOT RELATED TO THE	FIFRMIN	ALDISEASE OR CO	NDITION O	SIVEN IN PA	RT Ico		
d	Z											., ,,,		
d	CERTIFICATION	19a DATE OF OPERA	TION	119h CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b JF Y	res. Were Fi	NDIN	GS LISE	D
41	N	THE DATE OF CHERT		110 001.01			THE TEN OWNED				TIFYING CAL		OF DEA	TH?
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/	¥	OR CONTRIBUTING			P.M. 19									
-	MEDICAL	21d INJURY OCCUR			21e. PLACE OF INJURY 211 LOCATION				CITY OR TOWN COUNTY					
	ME	WHILE NOT WE	HILE	(AT HOME STR	EET, FACTORY, OFFICE	FARM, ETC }	STREET		CITY O	NWOI	CONN	IY		STATE
		AT WORK AT WO					1/9 10	65		17/19	2	6	-	
1		22a. certify that (1)			deceosed from.	0/2	19-	0.2	_ , to	16/11	19_0	<u> </u>	hot ID	(we) last
1		saw the deceased alive and the dotter death. 19 80, and that in (my) (our) opinion death occurred on the date and hour and above (1), we) (did) (did not) year the body after death.									aui and from	n the c	ouses st	toted
П		226. SIGNATURE	1)/	A)		DEGREE				22c. [ATE S	MGNED	
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7922 Wise Ave. Dundalk, MD

DHMH - 16 60M 7/84 (VRA 15, 4)



MPORTANT BP

24 FUNERAL DIRECTOR Gladden Kurtz

23a. BURIAL, CREMATION, REMOVAL

22d PHYSICIAN'S NAME (TAPE OR PRINT

Burial

230 NAME OF CEMETERY OR CREMATORY 23b. DATE John's Cem.

23d LOCATION CITY OR TOWN Hydes

22c. DATE SJGNED

COUNTY

2b HOUR

126. KIND OF BUSINESS OR

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IF UNDER 1 YEAR

INDUSTRY

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APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH

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STATE

Glen

Jarrettsville.

22e ADDRESS

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

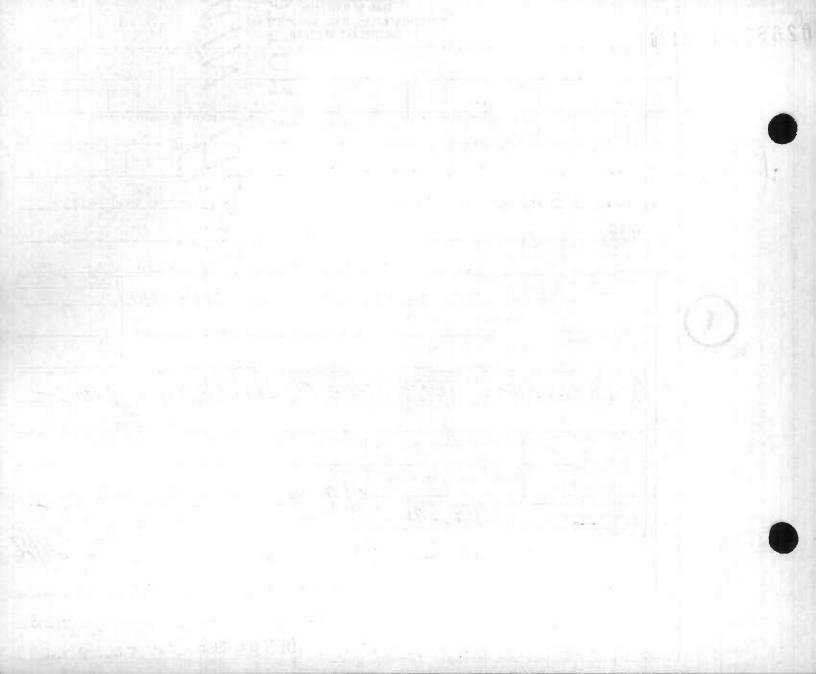
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	2 0 3 Hi		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED	ly ane cause per BY:	far (a), (b), and (c).)	1112	- CARCI	rum B	LIK		ROXIMATE INTERVAL EN ONSET AND DEATH
ON	A STATE OF S		IMMEDIAT	(DUF TO OR	AS A CONSEQUENCE	OF	CIOPCI	rum 10	01		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	WILD BE EXECUTE "PENDING" IN FE MEDICAL EX SED AS A BURIA "HEALTH AND A AL, CREMATION		PART 2 OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	MINAL DISEASE	OR CONDITION GIVEN IN PAR	T 1 + a			
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	5A A S A A	230 B	URIAL, CREMATION, REMOVAL 2		23c. NAME OF CE	METERY O	RCREMATORY	23d LOCATION		COUNTY	STATE
07/84 25M	BP		Burial	12/08/86	Md. Vet	erans	Cemetery	Garrison	Forest,	Balto	o.Co. Md.
ZSM	DHMH - 17		UNERAL DIRECTOR	ADDRESS	2624 5 33	20		EC'D. BY REGISTRAR	256 REGISTRAR		1
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ATHEROSCL	CONDITIONS CONTRIBUTING TO	RT NU	SEASE, CIER	GBRD VASCU	AR 15615=
190 DATE OF OPERATION	196 CONDITION FOR WHIC	CH OPERATIO	IN WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES NO NO
210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	DAY VEAD	21c HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2)
OR CONTRIBUTING CAUSE OF DI	EAIR	19			
21d. INJURY OCCURRED	21e. PLACE OF INJURY	E FARM ETC.	211 LOCATION	CITY OR TOWN	COUNTY STATE
WHILE NOT WHILE AT WORK	(AI HOME, STREET, FACTORY, OFFIC	E, PARM, EIC J	110 -	1 /	2 21
220.1 certify that (I) (thus has	ortal) attended the deceased from	1	5/1 100/	10 12 3	7, 19 0 , that (1) (w) tas
saw the deceased alive a	in19	26_ an	nd that in (my) (and apinio	n death accurred on the pate or	nd hour and from the causes stated
72k SIGNATURE C	lativew the Body offer death.	- 1	DEGREE		77r PATE SIGNED L
Hm.	Au shi	1/1	ATTENDING	MEDICAL STAFF	1/2/29/2
THE PHYSICIAN'S NAME THE	ed reports	1 1 -	72e ADDRESS	1	a falle
Sunchine		1	6210 Dark B	leighte Ave s	Strathmore
	1 23h DATE 23	NAME OF C			DCTGCIMOTE
(SPECIFY)	130. 0016				
	10/04/05			CITY OR TOWN	COUNTY STATE
Burial	12/31/86		Park Cemeter	CITY OR TOWN	Maryland
	WHILE ALWORK INDIVIDUAL SALE ALWORK INDIVIDUA	WHILE ALWORK NOT WHILE ALWORK (AT HOME, STREET, FACTORY, OFFICE ALWORK ALWORK (AT HOME, STREET, FACTORY, OFFICE ALWORK	WHILE ALL WORK NOT WHILE ALL WORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 270. I certify that (I) (the hospital) attended the deceased from saw the deceased glive an above, (I) (a wind) (did not) view the body latter death. 28 I SIGNATURE SUNShine	WHILE ALWORK NOT WHILE ALWORK (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220. I certify that (I) (the hospital) attended the deceased from saw the deceased give an above, (I) (artiful) (did not) view the body offer death. 25 I and that in (my) (artiful) (my) (my) (my) (my) (my) (my) (my) (my	WHILE ALWORK ALWORK (AI HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 220. I certify that (I) (the hopetal) attended the deceased from sow the deceased glive an above, (I) (awdited) (did not) view the body offer death. 25. Sunshine 36. NAME OF CEMETERY OR CREMATORY 1236 LOCATION



other troum

marked or Item 18

IMPORTANT: If He

. BIRTHPLACE Maryland

USUAL RESIDENCE Md. 4 FATHER'S NAM John 160 WAS DECEAS

24. FUNERAL DIRECTOR

23a. BURIAL, CREM

CERTIFICATION

MEDICAL

	ST	ATE OF MARYLAND	PA	hu-ji may
FOR - STATE		F HEALTH AND MENTAL HYGIE TIFICATE OF DEATH	ENE 8 0	उ उ व व व
CREGISTRAR DECLASED NAME FIRST			REG. NO.	
PECEASED NAME FIRST	MIDOLELangenfeld		20. DATE OF DEATH MONTH	OAY YEAR 26 HOUR
\$ 60146 E	M. / HW6 F		DEC >	1466 10:1 W
MAZE	White	E OF BIRTH PAY PEAR P	AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8		BALTIMORE CITY OR COUN	TY OF DEATH
laryland	TTC A	WED DIVORCED	Baltimore Con	inty MD.
CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURSING HOM (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)		20 USUAL OCCUPATION	126 KIND OF BUSINESS OR
Parkwood	Perring Parkway		Machinist	THE INDUSTRY
UAL RESIDENCE (IF NUR 1) COUN STATE Md.	13c CITY OR TOWN Baltimore		3e STREET ADDRESS / ZIP CO	
FATHER'S NAME		15 MOTHER'S MAIDEN NAME		
John	Langenfelder	Margar	et	Langhirt
WAS DECEASED EVER IN U.S. AR			ADDRESS	
(YES NO OR UNKNOWN) (IF YES, GIV	212-09-5298	Mrs. Christin	ne Walz Same	
Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last.	DUE THORAS DOMESQUENCE OF CONDITIONS CONTRIBUTING TO DEATH B	wellte to	youth refor	a l
TAKE Z OTTEK SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH B	OT NOT RELATED TO THE TERMIN	ial disease or condition G	IVEN IN PART I o
190. DATE OF OPERATION	196. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	#N CERT	ES, WERE FINDINGS USED (EXING CAUSES OF DEATH? YES \(\text{YES} \)
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	216 TIME OF INJURY HOUR A.M. MONTH DAY YEA	21c. HOW INJURY OCCURREN	D (ENTER NATURE OF INJURY IN ITEM 18	PART OR PART 2)
(IF EITHER NOTIFY MEDICAL EXAMINER)	181			
21d INJURY OCCURRED WHILE NOT WHILE [21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
AT WORK		11-11	10/3	C/.
sow the deceased plive on obove. (1) (we) (did) (die not	oif offended the deceosed from	and that in (my) (gdr) opinion de	oth occurred on the date and ha	our and from the causes stated
22b. SIGN YURE	V. Mutsh	DEGREE ATTENDING PHYSICIAN 220 ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12/3/86
DONNOW	MINTZER	3009 EVERS	REEN AVE	BAZTO REF
BURIAL, CREMATION, REMOVAL	236. DATE 231 NAME OF	CEMETERY OR CREMATORY	23d LOCATION	COUNTY STATE
Burial	Dec.5, 1986 Parkw	rood	Baltimore	Maryland

250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Maryland

Pandallo

Leonard J. Ruck Inc. Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

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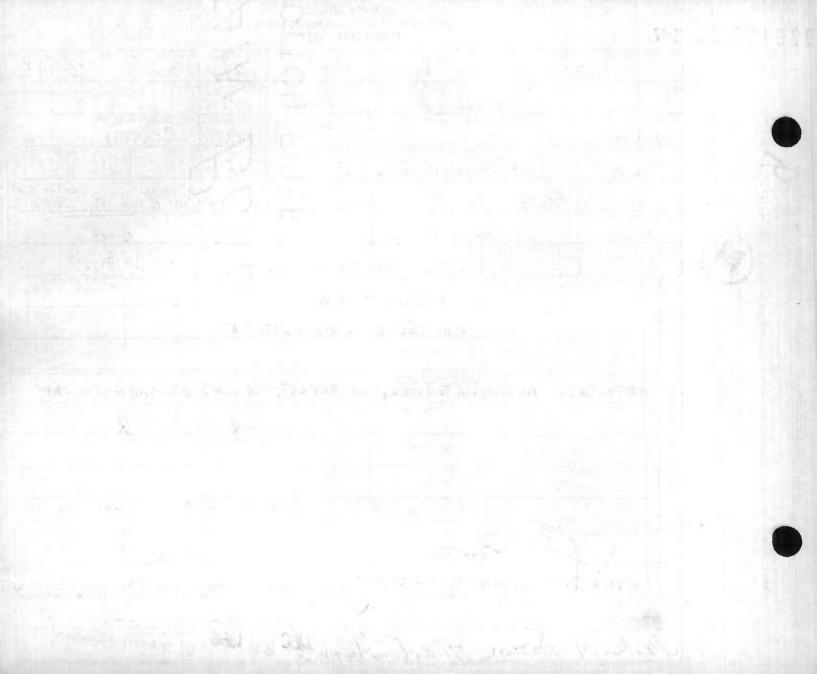
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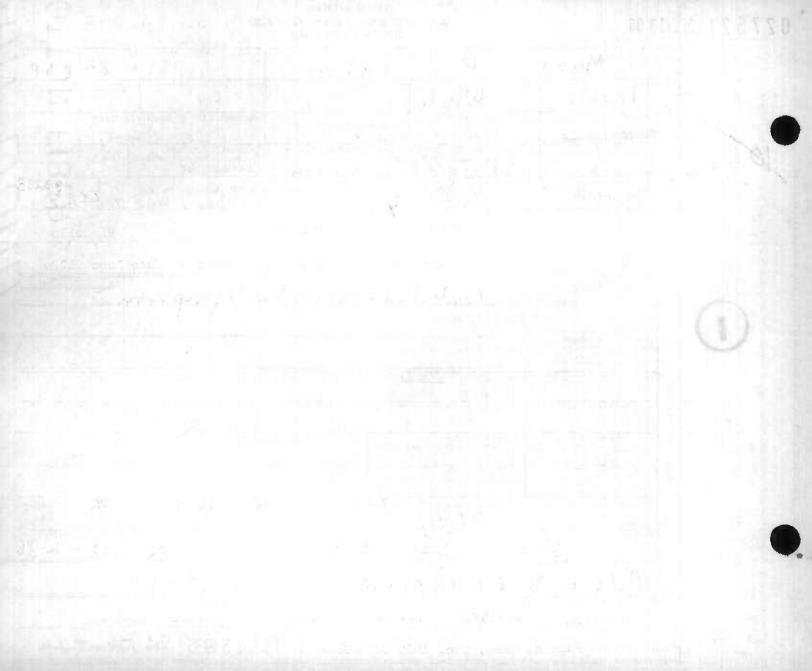
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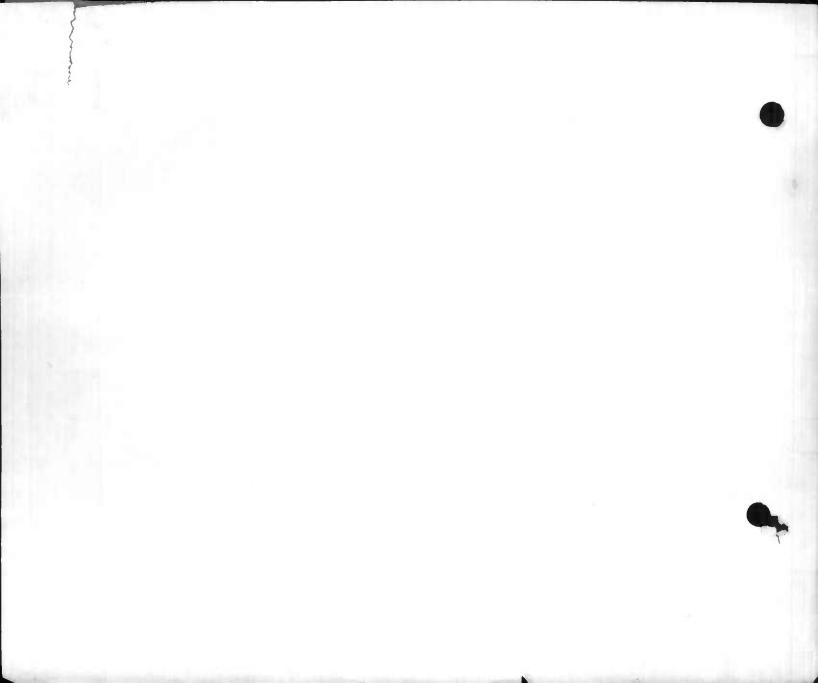
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				STATE OF MARYLAND		www.s.c.s				
157 JAN -	518	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 5 5 7 7 8 7 8 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9								
noy be poge 3		CEASED NAME FIRST Ma	irgaret Middle L. L.	angston	12/21/36	DAY YEAR 26 HOUR 5:14 PM				
ector, por	3. SEX	emale	White	5. DATE OF BIRTH	6 AGE MN YEARS LAST BIRTHDAY) YR	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DATS HOURS MIN. S.				
in 72 bou		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COUN					
158		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME OR OTHER INSTITUTION APPRESS!	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKIN HOUSEWIFE .	126. KIND OF BUSINESS OR INDUSTRY Home				
135		Md 136 BOUN	TY Dundalk	N 13d. INSIDE CITY LIMITS? YES X NO	130. STREET ADDRESS / ZIP CO 2015 Paulette	2 ha. Apt. 203				
JOBO		Everett	Shamburg Shamburg	15 MOTHER'S MAIDEN NA FIRST Margaret	WIDDLE	Gardner				
(May	P	VAS DECEASED EVER IN U.S. AR yes, no or unknown) NO	E WAR OR DATES)	RITY NO. 17 INFORMANT ROYAL Margaret Sha	amburg Dundall	Lynch Rd.				
g phy on poli emovi		PART I. DEATH WAS CAUSE	nly one couse per line for (0), (b), one D BY: TE CAUSE (0) SEP	TIC SHOCK		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH				
y the ottendin e remove corb cremotion, or ther troumotic		Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	DUE TO, OR AS A CONSEQUE (b) BACTE DUE TO, OR AS A CONSEQUE	ERIAL ENDOCAR	DITIS					
n signed by Then pleose to buriol, or njury, or ot	N O	PART 2 OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO E ARCHIVOMA TO LI	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION OF TREATED WITH C	GIVEN IN PART 1:0 CHEMOTHER MAY				
it permit.	CERTIFICATION	190 DATE OF OPERATION		OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF IN CER	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO				
certificate priol-transi entol Hygi item 18 sh	MEDICAL CE	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH DA	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)				
After this os the bu ith and M orked or	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, F.		CITY OR TOWN	COUNTY STATE				
RECTOR:) hed for use ept. of Heo tem 21 is m			tol) ottended the deceosed from	11-30 , 19 86 6 , and that in (rey) (our) opinion DEGREE	death occurred on the date and					
040		22d. PHYSICIAL TABLE 11111	hmo.	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	221. DATE SIGNED				
ZPUF			RIUBLA - GOME		EK ROAD TOW	SON MD DIZON				
TO FUNERAL I should be deto with the Stote I IMPORTANT: #	32m D	BURIAL, CREMATION, REMOVAL		AME OF CEMETERY OR CREMATORY	23d. LOCATION	21- 110 0100				





Void Certificate #86-33841



DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

Dec. 31.1986

23c. NAME OF CEMETERY OR CREMATORY

Cedar Hill

230 BURIAL, CREMATION, REMOVAL 23b DATE

(SPEC Burial

250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

Brooklyn, Anne Arundel, Md.

STATE

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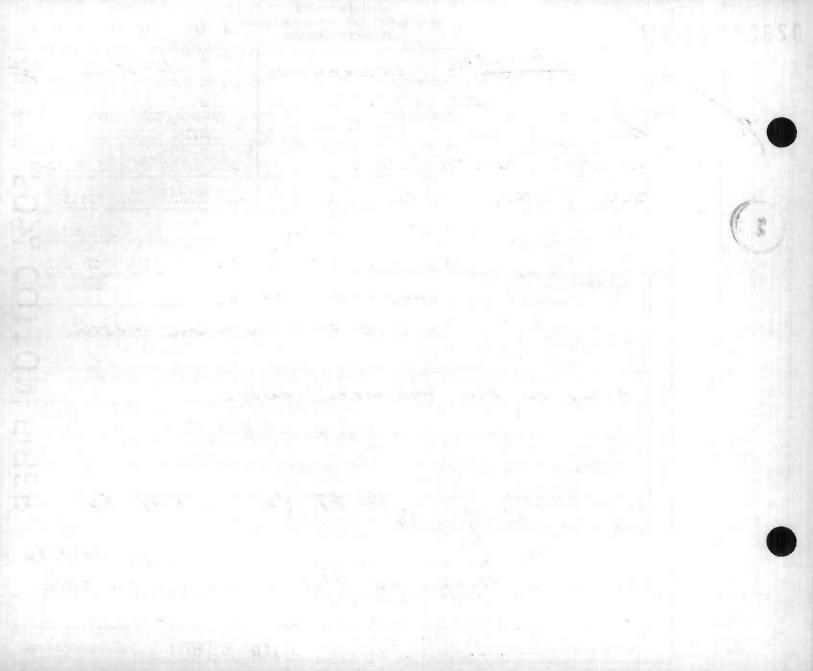
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		1			STATE	OF MARYLAND			
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8 8	R G 1 - 1AM 2		CEASED NAME FIRST	MIODLE	LAS	Л	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
0 (S SAN Z	07	Hattie	Τ.	LEPOR	E	December 26	, 1986	11:49 p
	4 may t	3. SE	X	4. RACE	5. DATE OF	BIRTH OAY YEAR	6. AGE (IN YEARS LAST BIRTI	MONTHS DA	
	ge 4	F	21AM3	STIKW	AUC	A	79	YRS	
	P. Po		IRTHPLACE (STATE OF FOREIGN COUNTRY)	76 CITIZEN OF WHAT COL	INTRY? 8	□ NEVER MARRIED □	9. BALTIMORE CITY OF	COUNTY OF DEATH	
	Seat Pear	I	AWO	U.S.A.	WIDOWED	DIVORCED [Baltimore C		MD.
1	He f	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, (IF NOT IN SUCH FACILITY, GI		OTHER INSTITUTION	12a. USUAL OCCUPATIO		D OF BUSINESS OR RY
55	ا الله الله الله الله الله الله الله ال	1 4	OSEDALE			HOSPITAL	CLOTHING I	insp.	
021	4 hour	130	AL RESIDENCE (IF NURSING HOME OF	NTY 13c. CITY C		138. INSIDE CITY LIMITS?	13e.STREET ADDRESS /	ZIP CODE	21204
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A R		IL F.	FIRST	MIDDLE	AST	FIRST	MIDOLE		LAST
¥ w`	- 0	160	T- H-	HU (AL SECURITY NO.	HOOA 17. INFORMANT	ADDRE:	Snn Snn	2
AOR OR	Pages		YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR OATES)			RECORDS		
	he rs.	H	1 10		2173211	+AM, L	I KSCOKOS	APP	RÖXIMÄTE INTERVAL EN ONSET AND DEATH
	ficate physic pape novol		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	D BY: Cand	iopulmona	rv Arrest		BETWE	EN ONSET AND DEATH
S	cerfing I		IMMEDIA	TE CAOSE (a)					
210	tend trend ve co ion, o		Conditions, if ony, which	Athe	rosclerot	ic Cardiovas	cular Diseas	e	
<u>x</u>	1 2 1		gove rise to immediate couse (a), stating the	DUE TO, OR AS A COI					
_ ≤	100 100 100		underlying couse lost.	(c)	13E GOEINCE OF				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120		z	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	NG TO DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR CONE	ITION GIVEN IN PART	lto
0	been mit. T prior 1	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATION	WAS PERFORMED	20g AUTOPSY?	206. IF YES, WERE FIN	IDINGS LISED
- X	Pos pos	IFIC					YES NOX	IN CERTIFYING CAUS	
¥	HYSICIAN: The riding physicion is certificate buriol-tronsity in them of them 28 strong or them 28 strong in the strong in	EE P	210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF INJUR		
6	HYSICIAN: Toding physicians certificate buriol-trons a Mental Hyg		OR CONTRIBUTING CAUSE OF DE		TH DAY YEAR				
0	PHYSICIAN: ending phys this certifico te buriol-tror ad Mentol Hy	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TOV	wn COUNTY	STATE
S	aften ter thi s the l	2	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.)	SIREET	CITORIO		JIMIC
۵	NDIN Lor Use o Vse o Se mo		220.1 certify that (K (this hasp	ital) attended the deceased	from Decembe	or 26 19_86	Decembe	r 26. 19 86	_, that (X (we) last
	Spito CTO I for af h		sow the deceased alive or above, (A (we) (did) (did va	December 26	19 <u>80</u> , and	that in (m)() (our) opinio	n death occurred on the do	te and hour and from t	the couses stated
	OR A DIRE Ocheo Dept		226 SIGNATURE	0100		ATTENDING	MEDICAL STAF		ATE SIGNED
	AL AL AL Set of Brite Br		Shader	e k. seld	man [!	PHYSICIAN	MEDICAL STAF		2/26/84
	O HOSPITAL etoined by the TO FUNERAL should be deto with the State MPORTANT:		224. PHYSICIAN'S NAME (TYPE			22e ADDRESS			
	TO HOSPIT reformed by TO FUNER should be with the Sti		Isadore Fe				in Square Dr	. 21	237
			BURIAL, CREMATION, REMOVAL		0 ,	METERY OR CREMATORY	CITY OR TOWN	COUNTY	STATE
	BP	74 E	URIAL DIRECTOR	112 30 1986		200 (sm.	ATE REC'D BY REGISTRAR	S BALTO	LATURE.
	DHMH - 16 60M 7/84	10	NAME CILA PA		OORESS 8800	10170	EC30 pas		MIORE
	(VRA 15, 4)	2	VHUS CHALE	LOFI IEMOR	1123 HARFO	DRO	COOU RAGI	Julia Sinder	Poder

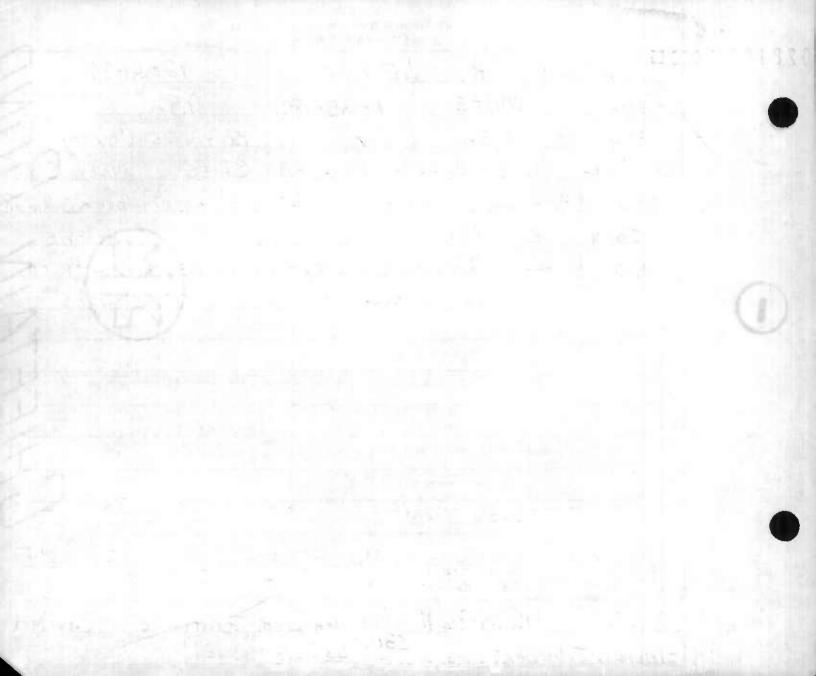


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				SIAI	E OF MARYL	AND				
29373 JAN.	9 8	FOR BTATE REGISTRAR	D	WHITE S. DATE OF BIRTH NOVENTH 15, 1928 6. AGE WHITE NOVENTH 15, 1928 6. AGE WHAT COUNTRY? WARRIED XX NEVER MARRIED WIDOWED DIVORCED DIVORCED 120 USQ	ENE BO	3 3 o.	3	4/		
1 2	1. DE	CEASED NAME OR PRINT)	ELIEZER	LEU	ukou	1102	20 DATE OF DEATH	MONTH DAY 12-27	-86	7 HOUR
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	3. SE	MALE	4 RACE WHITE	5. DATE (OF BIRTH		6. AGE (IN YEARS LAST BIR	THDAY) IF U	NDER I YEAR	HUNDER 24 HRS
09197	7e. B	RTHPLACE ISTATE OR FOREIGN		MARRIE			BALTIMORE CITY O	R COUNTY OF ORE COUN		MD.
100		RANDALLSTOWN	BALTO. CO.	GEN. HOS	TITUTION	170. USUAL OCCUPATION SELF EMPI	26. KIND OF NOUSTRY RESTAI	TAURANT		
See and See	13° M/			OR JOWN ESVILLE	LE YES NO		13. STREET ADDRESS / ZIP CODE.		#21784	
1 1060	14. Fz	MEIR MEIR	LEWKOV	ΥΪCZ	MIR		MIDDLE		JNKNÔW	N
TWORE DE ST	16a \	VAS DECEASED EVER IN U.S. YES 100 (IF YES,	GIVE WAR OR DATES	al security NO. 58-0158			DA LEWKOW≇€ D RD., SYKI		, MD	21784
on physicis on poper emovol.		PART I. DEATH WAS CAL	only one cause per line for (a USED BY: HATE CAUSE (o)	(b), and ich	6000	c SH	0 EK		APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
1 W. PRESTON that the death ce by the ottending cost remove corb bl. cremotion, or r		Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CO	massive	= Aeu	ite hi	406420141	INFAN	Otion	
DIVISION OF VITAL RECORDS, 20 NG PHYSICIAN: The low requires to ottending physicion. After this certificate has been signed as the buriol-tronsit permit. Then ple the ond Mental Hygiene prior to burion orked or frem 18 shows any injury, or	CERTIFICATION	PART 2. OTHER SIGNIFICAN HISTORY 190 DATE OF OPERATION	T CONDITIONS CONTRIBUTE 19b. CONDITION FOR	rugo E Ans	DIAL	INFAL	2	20b. IF YES, WIN CERTIFYING	ERE FINDING G CAUSES C	
JOF VITA SICIAN: The graphsics certificate riol-tronsitemental Hygietem 18 should hygiete	_	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM)	DEATH HOUR A.M. MON	ITH DAY YEAR	21c HOW IN	JURY OCCURRI	ED (ENTER NATURE OF INJUR		3	
NG PHYS	MEDICAL	21d INJURY OCCURRED WHITE NOT WHITE AT WORK	21e, PLACE OF INJURY (AT HOME, STREET, FACTORY		211 LOCATIO		CITY OR TO	WN .	COUNTY	STATE
ATTENDI ospitol or CCTOR: A d for use n. of Heol		sow the deceased alive above, (I) (we) (did) (dud	on	19/6		(our) opinion d	eoth occurred on the do	ote and hour and	d Irom the co	
by the hore by the hore ERAL DIRE Stote Dep		22b. SIGNATURE	trung				MEDICAL STAF	FIAND	224. DATE SI	2786
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BP		BURIAL SUBSCION SOLUTION	12_20 06	BALTIN	ORE HE	RREW	23d LOCATION CITY OF TOWN REISTERST	COWN BA	LTO	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	Z4 F	5010 REISTER	RSTOWN RD., BA	S., INC. LTO., MD	21215	JAN	REC'D. BY REGISTRAR 6 1987	256. REGISTRAR	4 8	A .



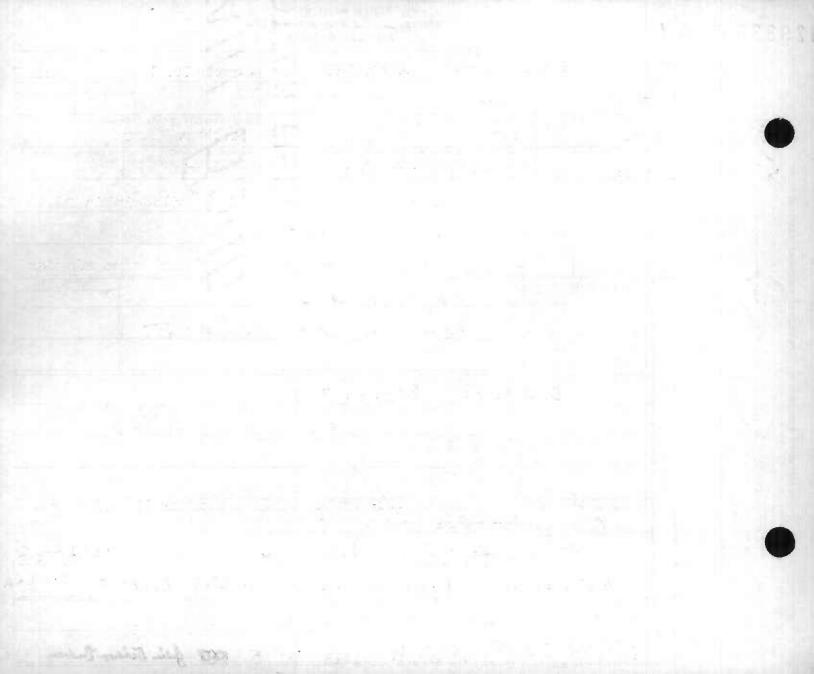
STATE OF MARYLAND



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poge 3	2 55	NI	1 RACE		5. DATE C	USEY	12/23/8		AR IF UNDER 24 HRS
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\$ 50 P	7a BI	RTHPLACE (STATE OR FO	REIGN 76 CITIZEN OF	WHAT COUNT	RY? 8 MARRIEI	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH	
de din 7	V	IRGIN1	9 43	A	WIDOWE	DIVORCED [Coun	+ / (BALTO).) MD.
12000	10 C	TY OR TOWN OF DEAT		HOSPITAL, NU	TREET ADDRESS)	PROTHER INSTITUTION	120 USUAL OCCUPATE		OF BUSINESS OR
10	1	OWSON	MAI	VOR	CARL	RUXTON	Homemaker		Home
e co	USU,	AL RESIDENCE (IF NURSIN	G HOME OR OTHER INSTITUTION 3b. COUNTY	GIVE RESIDENCE 8	EFORE ADMISSION)	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS	ZIR CODE	
25 E			Baltimore	Towson		YES NO X		aney Valley	Rd 21204
4 35	-	THER'S NAME				IS. MOTHER'S MAIDEN NA	ME		
	St	lvester	WIDDLE	Tavlo		Laura	MIDDLE		rers
Coles 1 of	-		U.S. ARMED FORCES?		SECURITY NO.	17 INFORMANT	ADDRE	- 4	CIS
e exect		PES. NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES)	220 4	1 1000	Too D Tim		472-	
he m	No			-	4-4082	Lee F. LII	ndsey- same		DXIMATE INTERVAL
hysic bops ovol		PART I DEATH WA	(Enter only one cause per S CAUSED BY:				,	BETWEE	NONSET AND DEATH
g pl on f	- 1	l/	MMEDIATE CAUSE (0)	ulm	rosul	an accident	-	3	weeks.
he death cert he ottending I emove corbor motion, or ret		diam'r a mar		R AS A CONSE					
deo otte ove tron	-	Conditions, if ony,	which (b)	nterio	cluste	« comproso	Vandries	2 9	ens.
the remo		gave rise to imme cause (a), stoting		R AS A CONSE	EQUENCE OF			0	
hot by by l, cr		underlying couse	last.						
o de la composition della comp	-	PART 2 OTHER SIGNI	FICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART	110
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1 1111	IFICATI	190. DATE OF OPERATI	ON 196 COND	ITION FOR WH	HICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUSI	
25 2316	E				-		YES NO	YES [NO 🕘
z 2 5 5 5 6	CERT	21a. ACCIDENT WAS UNDE	110110 1	OF INJURY	DAY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	1
32 19 F	AL	OR CONTRIBUTING CA	OSE OF DEATH	M.	19				
de d	MEDICAL	21d INJURY OCCURRE	D 21e. PLACE	OF INJURY		211. LOCATION		wn COUNTY	
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(VRA 15, 4)	Rı		Funeral Home				2 9 1986	Julia Tiordon	Pridate

mark that all the CO 140 the transfer day of the Area State

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR I. DECEASED NAME 28 DATE OF DEATH MONTH 26. HOUR (TYPE OR PRINTING A (AKA HENRIETTA) LIPPINCOTT December 30, 1986 4. RACE 5. DATE OF BIRTH 3 SEX 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS YEAR Female 12724/07 Cauc. 7a. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Md. Baltimore County USA WIDOWED TO DIVORCED IR CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 176 KIND OF BUSINESS OR LTYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Franklin Square Hosp. housewife Ralto USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 8235 Philadelphia Rd.21237 130 STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? Md. Balto. Balto. 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST Emma Pasteurfield O'Shaughnessy Thomas 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT YES, NO OR UNKNOWN) 216-48-3662 Joan Novak, (daughter) No same address 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE 10 DUE TO, OR AS A CONSEQUENCE OF BR24-89 ANCE Canditions, if any, which gove rise to immediate cause (a), stating DUE TO OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOTX NO [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR LIF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE December 30 19 86 22a.1 certify that (this hospital) attended the deceased from_ December December 30 19 86, and that in (m) (our) opinion death occurred on the date and hour and from the causes stated sow the deceased alive an December 30 abave, (1) (we) (did) (did not) view the body after death 226 SIGNATURE DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR STAFF DIRECTOR PHYSICIAN 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS MPORT 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23d LOCATION STATE Burial Gardens of Faith Balto., Md. 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 Schimunek Funeral Home Inc. (VRA 15, 4) Brehms Lane, Balto, Md



PA 1407 Old Eastern Ave OFC

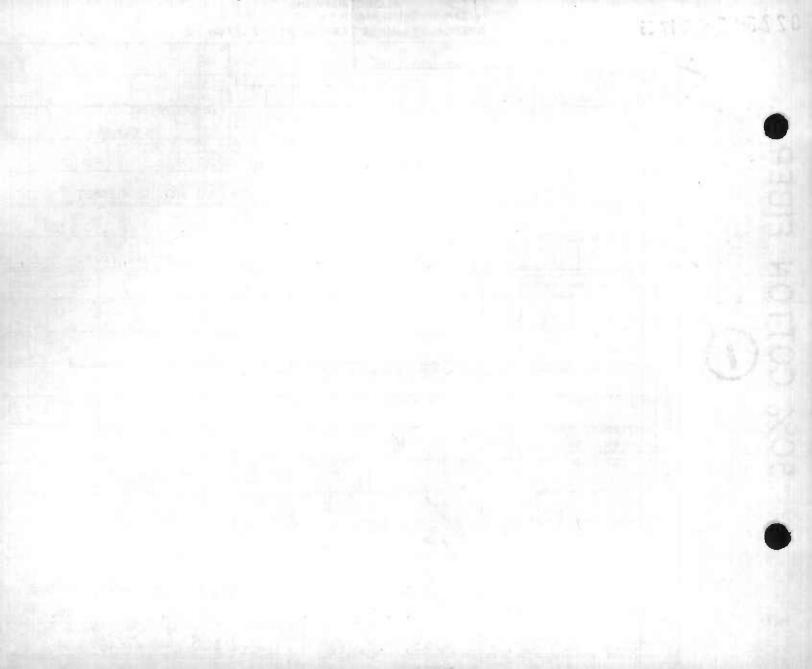
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 027312 DEC 20. DATE KNOWN LECEASED NAME MONTH 2h HOUR (TYPE OR PRINT) OF ESTI-DEATH MATED CAROL ANN LITTLE 19 86 4. RACE 5 DATE OF BIRTH AGE (IN YEARS IF UNDER 1 YR IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY PRONOUNCED HOURS DEAD EMALE WHITE DEC. 3, 1946 40 YRS 10 19 86 Th. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED OREIGN COUNTRY) DIVORCED X MARYLAND USA WIDOWED Baltimore County O CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY SECRETARY FED GOVT (APG) WHITE MARSH of Balto.-Harford Co. UAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 30. STATE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARFORD HAVRE de GRACE 324 SOUTH WASHINGTON STREET ME YES X 21078 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST FRED H. FOX AUDREY ATKINSON K. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (YES, NO. OR UNKNOWN) I HE YES GIVE WAR OR DATES! 217 50 4155 MRS. AUDREY FOX, 505 CONGRESS AVE, HAVRE de GRACE, MD 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Multiple injuries with smoke inhalation DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? DEPARTMENT C DEPARTMENT C YES VE NO 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY HOUR AM MONTH DAY YEAR 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING GOR CONTRIBUTING CAUSE OF DEATH 4:30 M. 12-10-19 86 Driver of auto/multiple vehicle collision. 21e PLACE OF INJURY (AT HOME 214 INJURY OCCURRED II LOCATION AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY T-95 road Baltimore MD Autopsy X 12s. I certify that I tge described above, held an Inspection ond in my opinion death resulted from Hamicide Undetermined monner TITLE (SPECIFY) ACTUAL Assistant. SIGNATURE 12-11-86 MEDICAL EXAMINER EXAMINER'S NAME 28 Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236. DATE 23¢. NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE CREMATION 12DECEMBER86 R. A. FERRIS + CO. WEST CHESTER, PA. 07/84 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 17 wie Devider MITCHELL FUNERAL HOME PA, HAVRE de GRACE, MD. 21078 (VR A15 ME (5))



Connelly Funeral Home 300MaceAve, 2122

DHMH - 16 60M 7/B4 (VRA 15, 4) STATE OF MARYLAND



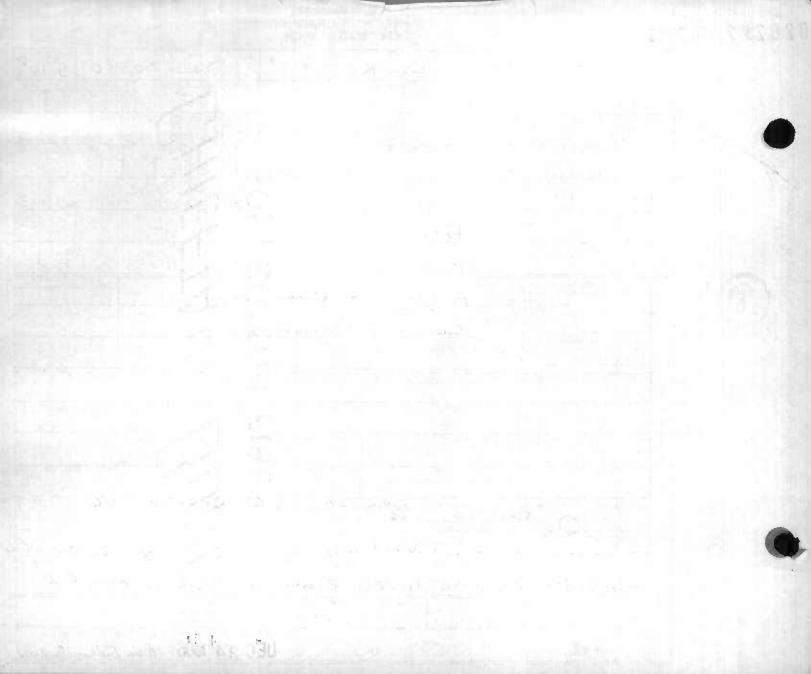
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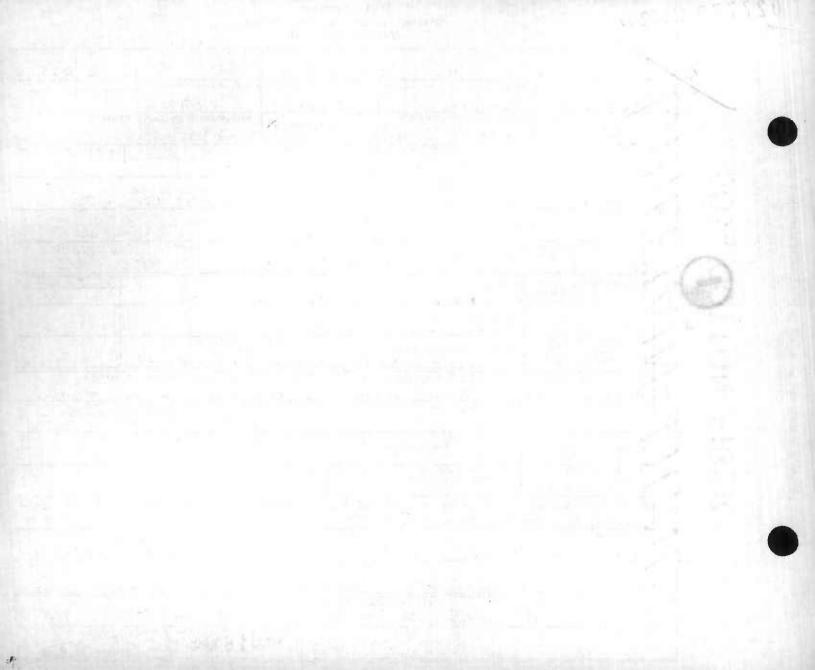
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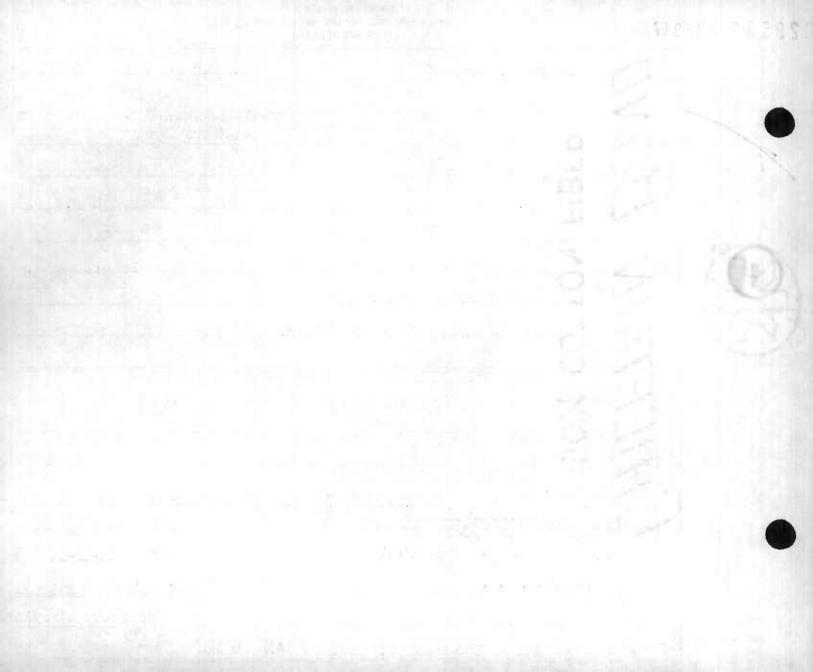
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			24 F	JNERAL DIRECTOR			250×DA	TE REC'D. BY REGISTRAR	256 REGISTRADES		
D	0 61 - HMH			NAME	AD TACA	DRESS	חב	0 1 7 1986	256 REGISTRADES	unoch- y	Ma Ca
	(VRA 15	, 4)		HAIGHT FUNER	TAL HUME SYN	(F2ATP)	E, MD UE	A + 1	U		

9559 JAN -	318	FOR STATE REGISTRAR			STATE OF MARYLAND IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE () O	3 3 3	5 4
	1 DE	CEASED NAME FIRST	MIDDLE		LAST	20. DATE OF DEATH		2b. HOUR
nay be page 3	1	Edwar	rd W. MALI	DEIS		December 2	29, 1986	11:55p _M
mo)	3. SE	X	4 RACE	5.	DATE OF BIRTH	6 AGE IN YEARS LAST BIR	THDAY) IF UNDER 1 YE	
ecto refo		Male	White		March 4 1913	73	YRS.	TS HOURS MIN.
33 25	Pa B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT	COUNTRY? 8	MARRIEDA NEVER MARRIED		R COUNTY OF DEATH	
100		Maryland	USA		IDOWED DIVORCED	Baltimore	County	MD.
1111	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPIT		HOME OR OTHER INSTITUTION	12a USUAL OCCUPATI		D OF BUSINESS OR
1 1101		ossville	Frankli	n Squa	re Hospital	Retired-	Calco Car	
1 11 96	130	AL RESIDENCE (IF NURSING HOME OF		TY OR TOWN	AISSION) 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS		
4 100		Md. Bal	to. E	ssex	YES NOX	1616Midd	leborough	Rd. 2122
# EX	14. F.	Hers Name Herman	MIDDLE Mal	deïs	Lená ^{irst}	WIDDIE	Hahner	LAST
B G G	1							
			VE WAR OR DATES)	OCIAL SECURIT		ADDRE		
(訓勵書	Y	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE			870 EllaMayMa	<u>ldeis 1616</u>		CoughRd.
s that the death cert ed by the attending slease remove carbantial, cremation, ar re- ar other traumatice.		Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A b) ACU DUE TO, OR AS A	consequence te Resp	iratory Failure EOF			
equire sign Then to bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEA	TH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN IN PART	1(0
he low re on. hos beer r permit ene prior	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION F	OR WHICH OP	ERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FIN IN CERTIFYING CAUS YES	
SICIAN: T g physici certificate rial-transi ental Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. M		YEAR 19			
offendir offendir er this s the bu	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ALOK ATTENDING the hospital or the hospital or the process of the		270-1 certify that X (this hasp saw the deceased alive an abave, Y (we) (did) (dix X 27b. SIGNATURE	December 2	osed fram D6 9 19 86 eath.	cember 27, 19 86, ond that in (1/4) (our) opinion DEGREE ATTENDING PHYSICIAN	death accurred on the do	22c. DA	_, that X (we) last the causes stated TE SIGNED
TO HOSPITAL retoined by the TO FUNERAL should be deter with the State IMPORTANT: I		Julin Tai	ng, M.D.	0	22e ADDRESS 9000 Frank1			-23-00
5 5 5 4 × ¥	23a. I	BURIAL, CREMATION, REMOVAL	23b. DATE	23c. NAA	NE OF CEMETERY OR CREMATORY	23d LOCATION		
BP		Burial	1/2/87	Mor	elandsCometers	CITY OR TOWN	Baltimor	re Maryla
DHMH - 16 60M 7/B4		JNERAL DIRECTOR		4DDBr/4	elandsCemeters	E REC D. BY REGISTRAR	256 REGISTRAR'S, SIGN	ATURE
(VPA 15 4)	CC	nnellyFunera	1 Home 300	Macon	10 21221 A	N 6 1987	ala de in	n. Kondaldo



BALTIMORE, should be detached for use as the burial-transit permit. Then please remove carban paper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES

	1-	FOR STATE REGISTRAR	DEPARTM		EALTH AND MENTAL HYGI ICATE OF DEATH	ENE O REG. NO	3 .	3 O	<i>3</i>	,
Ed	1. DEC	CEASED NAME FIRST	MIDDLE	ī	FPA	20. DATE OF DEATH	MONTH C	DAY YEAR	25 HOU	R
	(of same	Elizabeth	Beatrice	Mal	in -		121	0 86	101	48
	3. SE)	× ~ ~	4 RACE	5. DATE C		6 AGE IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER	
	- 1	timale	white	8-1	5-1923 YEAR	63	YRS.	MONTHS DAYS	HOURS	MIN.
-		RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8 MADDIC	NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY	OF DEATH		
)	PA		USA	WIDOWE		Balti	MOR!	E Count	y	MD.
7	10 CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		OR OTHER INSTITUTION	12a USUAL OCCUPATIO	NC	126 KIND C		SS OR
5	Bo	elto, MD	SHENOT IN SUCH FACILITY, GIVE STREET A	HO	spital	HOMEM (E) INDUSTRY	~!	
19		AL RESIDENCE HE NURSING HOME OR	OTHER INSTITUTION, GIVE RESIDENCE BEFORE		1 134 INSIDE CITY LIMITS?	13e STREET ADDRESS /	7IP CODE			
>	r	N.D O	Elle Battin	nore	YES NO K	5125 1	1CF	aul 1	2/21	206
λ	14. FA	ATHER'S NAME	MIDDLE LAST		15 MOTHER'S MAIDEN NAM	NE MID^'€	TION.	LAS		
	В	ruce	G. LeRo	у	Marie	A.		Dott	-	
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECUI	RITY NO.	17 INFORMANT	ADDRE	55			
	,,	TES, NO OR UNKNOWN) (IF TES, GIV	316-12-05	540	Charles C. Ma	lin, 5125 M	cFaul	Rd. 23	1206	
		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one cause per line for (a), (b), and	1.03.1	0	+		BETWEEN	IMATE INTER ONSET AND	VAL DEATH
			TE CAUSE (a)	so Du	Iwarany	orred				
	15		DUE TO, OR AS A CONSEQUE	NCE OF	4	A .				
	-71	Conditions, if any, which gove rise to immediate	(1b) Met	asto	inc we	as Car	eno	war		
		cause (a), stating the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF						
		diderlying coose lost	(lc)							
	z	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE OR COND	ITION GIVE	EN IN PART 1	O I	
	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHICH	ODERATIO	NI WAS DEDECORASO	20g AUTOPSY?	TAL IE VEC	, WERE FINDIN	ICC LICES	
1	FIC.	170 DATE OF OPERATION	170, CONDITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIF	YING CAUSES	OF DEAT	H?
_	ERTI	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		21c HOW INJURY OCCURR	YES NO	YES		NO [
9)		OR CONTRIBUTING CAUSE OF DEA		Y YEAR	THE HOW WHOM OCCORN	ED (ENTER NATURE OF INJUR	IN HEM IS PA	AKI I OKPAKI 2)		
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	ME	WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFICE, FA	ARM, ETC }	STREET	CITY OR TO	VN	COUNTY	51	TATE
		AT WORK AT WORK	ital) attended the deceased from_	1.0	- 10 19 Q1	12=10	4	10 71	d	->1 -
		saw the deceased alive an	17-9	200	nd that in (my) (our) opinion d	eath occurred on the da	te and hour		that (I) (w	
		22b. SIGNATURE	he body after death.	00	DEGREE			22c DATE	SIGNED	_
b)11	gen-		ATTENDING PHYSICIAN	MEDICAL STAF				
1	8.	22d. PHYSICIAN'S NAME TIVE O	OR PRINT)		22e ADDRESS	- I	7			_
		EL-H	ennau	SU		271	4.			
		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d. LOCATION				
	Bu	rial	12-13-86 Par	kwood	l Cemetery	Balto.		Balto.	, MD	ATE
	24 FL	JNERAL DIRECTOR			25a DATE	REC'D. BY REGISTRAR	Sb. REGISTI	RAR'S SIGNAT	URE	

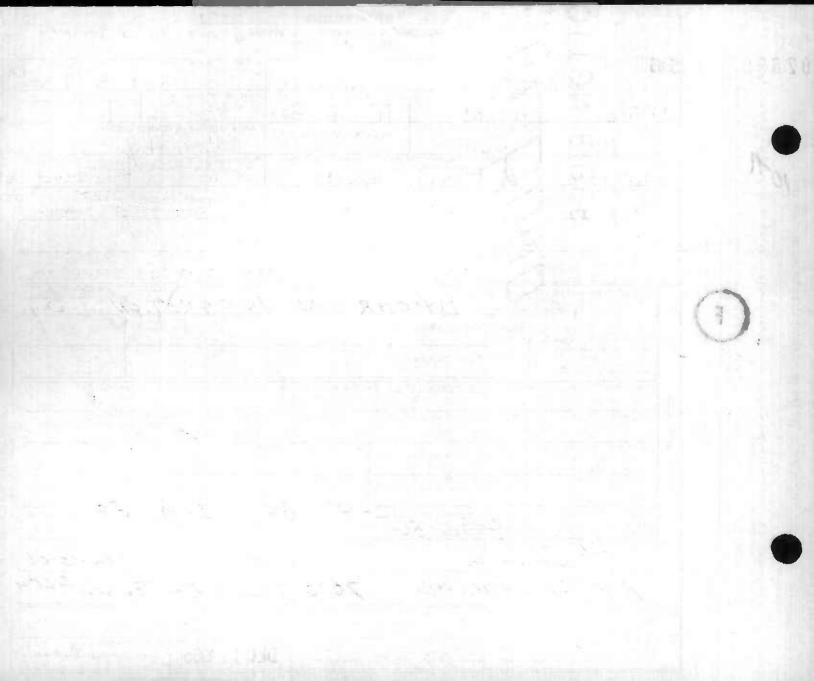
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John Mc. Miller, Inc., 6415 Bellar Rd., 21206

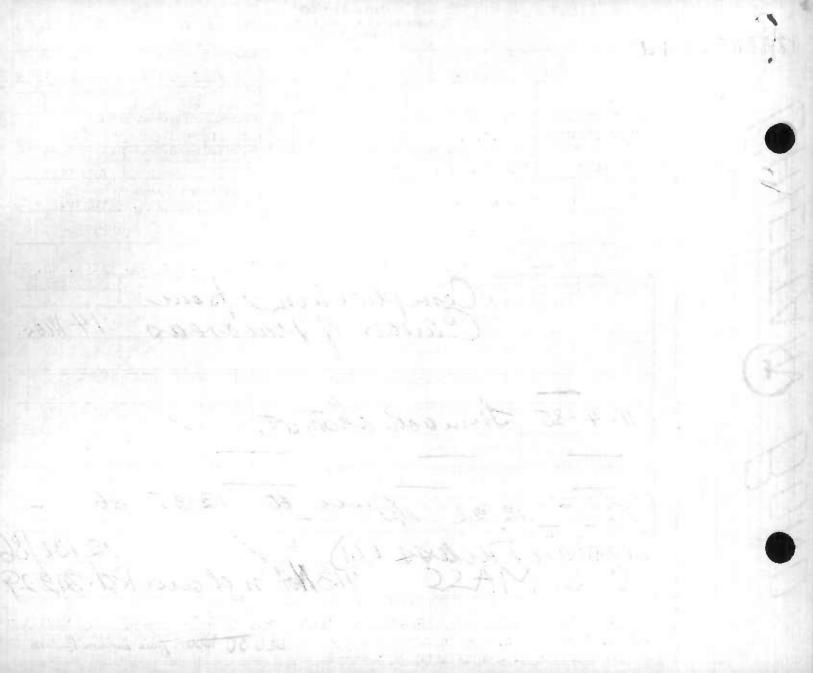
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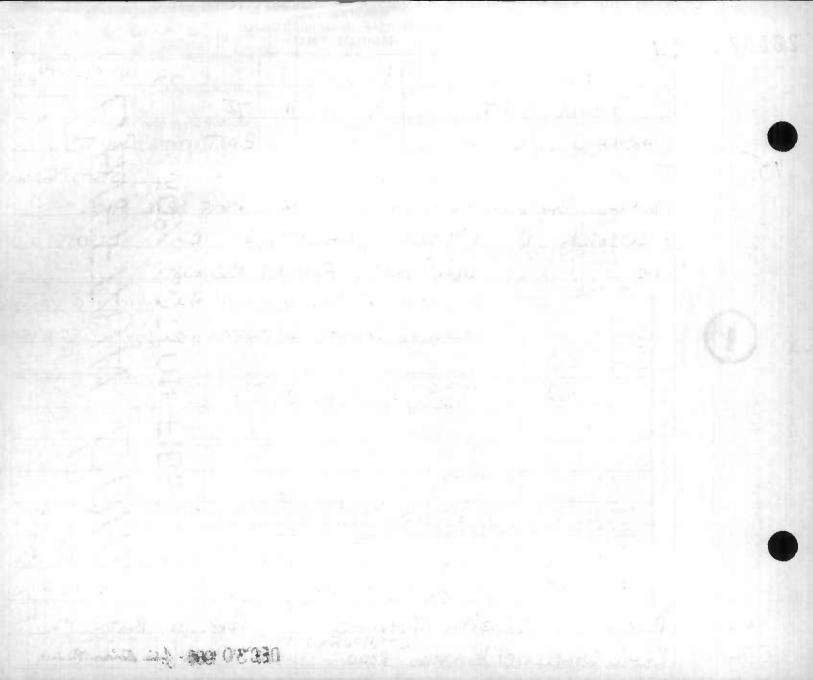
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12:8805 MM	1.	FOR STATE REGISTRAR		DEPARTA	AENT OF H	CATE OF DEATH	L HYGIENE	8 6 REG. NO	3	3	3 6 1
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oge 3	(TIPE	ORPRINT) IRE	NE	G.	MANN	ONE	DI	ECEMBER 2	5, 1986	,	3:30 ND
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ge 4 ector rrs afi		FEMA LE	WHIT	Е	AUGUS	T 24. 1915		71	YRS.	THS DAYS	HOURS MIN.
8 1 P 2 P	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF W	HAT COUNTRY?	8.	NEVER MARRIED	9 BA	LTIMORE CITY O	COUNTY OF	DEATH	
nero na 72		PENNSYLVANIA	U.S.A	١.	WIDOWE		B.	ALTIMORE	COUNT	Y	MD.
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5 7 00		TONSVILLE	1134 BAK	ER AVENU	JE 21	.207		OUSE WIFE			HOME
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AN 2 Fill	N	MARYLAND BA		CATONSV		YES NO				CATONS	SVILLE 21
KY # 125/157	14. FA	ATHER'S NAME	WIDDLE	LAST		15 MOTHER'S MAIDER	NAME	WIDDLE		LAS	1
A S ES SO		LEONARD	A	CRI		MAR	RIAN		(UNKNO	OWN)
VRE,		VAS DECEASED EVER IN U.S. A	RMED FORCES? 1	6b. SOCIAL SECU	RITY NO.	17. INFORMANT		ADDRE		1-121-	-9100
Page ex		10		189-09-0	0816	FRANK MAN	INONE :	1134 BAKE	R AVE.		N. MD. 21
BALI ote l spers od. vol.		18 CAUSE OF DEATH (Enter of	inly one couse per	e to rol, thr. one	dies p	. +.		1		BETWEEN	MATE INTERVAL ONSET AND DEATH
st., I		PART I. DEATH WAS CAUS	ATE CAUSE (9)	ou	ple	callon	11	18000	1		
ON the conding conding control of the conding condina			DUE TO: OB	AS ACONSEQUE	ACE OF	17 /1	7			14	6/11.
dead dead		Conditions, if any, which	6)_(au	ces	1014	Olle	crea	0	17	11105,
the remo		gove rise to immediate cause (a), stating the	DUE TO, OR	AS A CONSEQUE	NCE OF	0.			Dica I		
d by eose ol, c		underlying cause last.	(4)								
gne en pl burn ury, o	7	PART 2. OTHER SIGNIFICANT	CONDITIONS CON	NTRIBUTING TO E	DEATH BUT	NOT RELATED TO THE	TERMINAL	DISEASE OR CON	OITION GIVEN	IN PART I	a,
or to	CERTIFICATION		-			0					
fow fow	S S	190 DAJE OF OPERATION	- 196 CO 111	ON FOR WHICH	OPERATION	WAS FERFORMED	- t 20	a AUTOPSY?	20b. IF YES, W	/ERE FINDIN IG CAUSES	OF DEATH?
DIVISION OF VITAL REING PHYSICIAN: The far after after after this certificate has to as the buriol-transit perrith and Mental Hygiene prorked or treat 8 sthern	E	11- 1 00	470	niac	ac	usnu	YE	S NO	YES [NO 🗆
Physical Hricon of Hy		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		INJURY . MONTH DA	AY YEAR	21c. HOW INJURY OC	CCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	I OR PART 2)	
SICI, ng P Certification of the standard of th	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.		19						
PHY PHY re but d or	MED.	21d. INJURY OCCURRED	21e. PLACE OF	F INJURY T. FACTORY, OFFICE, F	ARM, ETC }	211 LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
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NO IS ON IS IN IN IS IN		220.1 certify that (I) (1) has	oital) granded/the	desensed from	1/2/1	Dec 196	20	0/2/2	<u>دا اح</u>		that (I) (vee)-last
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(VRA 15, 4)	1	630 EDMONDSON	AVE. CATO	NSVILLE	MD.	21228	SEO C	0 .500	Julia D.	Paratte Jer	Huranis



	1			STATE OF MARY	LAND		44
2000	11.	FOR STATE		DEPARTMENT OF HEALTH AND		IENE 8 6	3 3 6 6 4
28867 JAN -	87	REGISTRAR		CERTIFICATE OF	DEATH	REG. NO.	7
m 5		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	DNIH DAY YEAR 26 HOUR
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	3 SE	X	4 RACE	5. DATE OF BIRTH		6. AGE (IN YEARS LAST BIRTHE	MONTHS DAYS HOURS MIN.
rs offi	16.	temals	White	MONTH DAY	YEAR	75	YRS PAIS HOURS MIN.
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The state of the s	10 C	TY OR TOWN OF DEATH		AL, NURSING HOME OR OTHER IN	ISTITUTION	120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
5 15 TO	10	wson	ST. JOSEPH	. 1		CLERK *	VORKING LIFE) INDUSTRY OF
212	USU	AL RESIDENCE (IF NURSING HOME O	OR OTHER INSTITUTION GIVE RESI	DENCE BEFORE ADMISSION)			914911
ND 24 I	3	STATE 136 COL	- 10	YORTOWN 130 INSIDE	CITY LIMITS?	39.STREET ADDRESS / 2	IP CODE DISCIPLIANT
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E so p	H	18 CAUSE OF DEATH (Enter of	blo and any and land	(a) (b) and (a)	HILL	ICCOROS	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ECORDS	₹	190. DATE OF OPERATION	19b. CONDITION FO	OR WHICH OPERATION WAS PERF	FORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED
N 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	띹	-				YES NOT	N CERTIFYING CAUSES OF DEATH?
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OF SEE SEE		OR CONTRIBUTING CAUSE OF DE	LAIN	ONTH DAY YEAR			
DIVISION OF VIT	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJU	RY 211. LOCAT	TION		
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D A A A A A A A A A A A A A A A A A A A		220.1 certify that (I) (this hose	nital) attended the decea	sed from	10 0 (0	10 20	19 8 6, that (1) (we) last
AL BALL		saw the deceosed olive o above, (H (we) (did) (did)	11 0	211	y) (qur) opinion d	leath accurred on the dote	and hour and from the couses stated
A DE TO SE		22b. SIGNATURE	fot i view the body ofter de	oth /DEGREE			226 DATE SIGNED
0 4 0 0 0		Win las	This	ml	ATTENDING	MEDICAL STAFF	- 13-30-61
A STATE OF THE PARTY OF THE PAR	1	224 PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRE	PHYSICIAN ESS	DIRECTOR PHYSICIA	1.7 70 06
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(VRA 15, 4)	5	VANS WHAPE	LOFI IEMO	Riss ROAD	שנ	000 BOO 9	alia Devidern-Randaeti



DHMH - 16 60M X 84

(VRA 15, 4)

226 DATE SIGNED PHYSICIAN DIRECTOR PHYSICIAN JOSEAH Kapim. M.D. 9000 Franklin Sq. Dr., 21237 Holly Hill Memorial Gardens Burial 12/26/86 Baltimore Co., Md. Julia Dividion Randals Funeral Home PA 1407 Old Eastern Ave

STATE OF MARYLAND

26 HOUR

176 KIND OF BUSINESS OR

21221

APPROXIMATE INTERVAL BETWEEN ONSET AND DEA

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of Fer B	3. SE)			RACE		5. DATE C	DAY	YEAR	6 AGE (IN YEARS LAST BIR	MONTH		NDER 24 MRS
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1 00	- 0	RTHPLACE (STATE OR FORE	IGN 76	CITIZEN OF V		RY? 8 MARRIE	NEVER MAR	RRIED -	BALTIMORE CITY O	R COUNTY OF D	EATH	
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within within d 2 s	14 FA	THER'S NAME FIRST	MIE	DDIE	LAST		15 MOTHER'S MA		MIDDLE		LAST	
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RECT RECT RECT Ppt of		226. SIGNATURE	(did not) v	view the body	ofter death.	100	DEGREE				2c. DATE SIGI	
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				CEASED NAME	FIRST	3-4610	MIDDLE		AST	2a. DATE	OF DEATH	MONTH DAY	YEAR	2b. HOUR
	ay be				Glore	Fuller	MARTIN	1		Dece	ember 8	, 1986	100	11:55pm
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	4 lo	\$		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTR	Y? 8 MARRIE	NEVER MARRIED		MORE CITY OF		DEATH	11811
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AND 21:	2	rands t be	13a S Ma	TATE TYPland	136 COUN Ba I t	other institution TY TMO re	13 CITY OF TO		134 INSIDE CITY LIWITS	² 7143	et Address /	A DOOM	venue	21206
MARYL		example		THER'S NAME	C1 â	NIDDAE L P K	LAST		15 MOTHER'S MAIDEN		sdon		LAST	
IMORE,	n and co	medical		VAS DECEASED EVER		MED FORCES?	220 10		17 INFORMANT Raymond Mar	tin 71	43 Gree		Avenue	21206
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifical retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician than a planter remove continuous contained.	with the State Dept. of Health and Mental Hygrene prior to burial, cremation, or remove IMPORTANT. If them 21 is marked or them 18 shows any injury, or other traumotic event	(190 DATE OF OPERAL 210. ACCIDENT WAS UNE OR CONTRIBUTING CHE ETHER NOTHY MEDIC 210. INJURY OCCURR WHILE NOT WHAT WORK AT WORK 220. I certify that (1) SOW the decease obave, (1) (we) to 22b. SIGNATURE 22d PHYSICIAN'S NA F. Q. Aqu URIAL, CREMATION, SPECIFY) BURIAL	which nediote g the lost. HIFICANT C	DUE TO, O (b) DUE TO, O (c) ONDITIONS CI 19b COND 21b TIME C HOUR A P. 21e PLACE (AT HOME, ST View the body 173b. DATE Dec 11	ONTRIBUTING TO THE PROPERTY OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE To direct death.	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 19 10, FARM, ETC.) C. NAME OF C. Garden	NOT RELATED TO THE T N WAS PERFORMED 211. HOW INJURY OCC 211. LOCATION STREET 212. ADDRESS 8713 Harfo EMETERY OR CREMATOR SOF Faith (ZOB AN YES CURRED (ENTE DIRECTION OF ROACE PAGE AND	ASE OR COND UTOPSY? NO[X] CITY OR TOY OF THE DESTRUCTION ALL STAFF OR DHYSICI 1. Balt OCATION altimor	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART THE OND HOUR OF THE ONE OF	IN PART 110 ERE FINDING CAUSES ORPART 2) COUNTY d from the country	IGS USED OF DEATH? NO STATE hot (I) (we) fost
	DHMH - 16 (VRA 1			110 Belair	oppel Road	Funera Balti	al Homes imore, M	, Inc. arylan	21206	Hero C	1986 ^{AR}	PEGIST	SIGNA	yre mades.

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completely filled in by the funeral director, page 3

STATE OF MARYLAND

	5 88	FOR STATE REGISTRAR			DEPARTM		EALTH AND MENTAL HYG	REG. NO	ර ර o.	O	0 0
		CEASED NAME OR PRINT)	Ethel	۸	V •		rvel	December 5			26 HOUR
	3. SE>	K .	-1-1	4. RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		UNDER 1 YEAR	IF UNDER 24 HRS
		Female		White			h 7, 1902	84	YRS.	VINS	NOURS MIN.
-	70. BII	RTHPLACE (STATE C	OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY O	FDEATH	
1		Virginia	Her	U.S.A.		WIDOWE		Baltimon	e KNXX	XX Cou	inty MD.
-	-	ty or town of d Towson		Towson	Convales	cent	OR OTHER INSTITUTION Ctr.	(TYPE OF WORK FOR MOST O Homemaker		12b. KIND O INDUSTRY	F BUSINESS OR
5	130. S Ma	al residence (IFNL) STATE ryland	13b COUN		give residence before 13c. CITY OR TOWI Dundalk	V	13d. INSIDE CITY LIMITS? YES NO 🖔	13e STREET ADDRESS / 2638 Yorky	zip code vay 212	22	
2) FA	Price		G.	Edward	s	15 MOTHER'S MAIDEN NAM Unknown	ME		LAS	.1
1	160 W	VAS DECEASED EVE		MED FORCES?	166 SOCIAL SECUI		17 INFORMANT	ADDRE			
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/	CERTIFICATION	190. DATE OF OPER	ATION	19b. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206 IF YES, V IN CERTIFY II YES		OF DEATH?
1		710. ACCIDENT WAS U OR CONTRIBUTING [(IF EITHER, NOTIFY ME	CAUSE OF DEA	114	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR!	RED (ENTER NATURE OF INJUI	RY IN ITEM IS PART	1 OR PART 2)	
	MEDICAL	21d INJURY OCCU	WHILE C	21e PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FA	RM, ETC)	21f LOCATION STREET	CITY OR TO	wN	COUNTY	STATE
		sow the dece	osed alive on	10 00	deceosed from		nd that in (my) (our) opinion	to 12 _ S- death occurred on the do		nd from the	that (I) (we) lost causes stated
		22b. SIGNATURE	XV	7				MEDICAL STAF		22c. DATE :	-6-86
/		22d. PHYSICIAN'S	C . NA	1.0	4-10		270 ADDRESS 145	+ Bacut	illes !	near	Rd

230 BURIAL, CREMATION, REMOVAL

IMPORTANT: If he

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR. After this certificate has been should be detached for use as the buriol-transit permit. The with the State Dept. of Health and Mental Hygiene prior the state Dept. of Health and Mental Hygiene prior the state of the s

24 FUNERAL DIRECTOR Mitchell-Wiedefeld

Burial

6500 York Rd.

0aklawn

231. NAME OF CEMETERY OR CREMATORY

12-8-86

MATORY PAGE BALTIMORE BALTIMORE BALTIMORE BALTIMORE BALTIMORE MARYLAND

250 DADRED BY REGISTARY SIGNATURE

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	moy be		3. SE		4. RACE		-	OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
	rector ors of		13	mue		usion		28, 1905 YEAR	81 _{YRS.}	MONTHS DAYS	HOURS MIN.
	deoth. Pour	oto	L '	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	SA	MARRI		Baltimore Co.		MD.
56	s ofter of by the fulled with	10 C		TUUS ON	(# NOT IN SL	JCH FACILITY, GIVE	E STREET ADDRESS)	OR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LI		F BUSINESS OR Sec.
ND 212	24 hour	35/	13a S	AL RESIDENCE (IF NURSING HOM STATE Md. 13b. CC Baj	e or other institution DUNTY timore	13c. CITY OF		13d INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP CODE 8 Linden Terra	ce 21	204
MARYLA	mplerely ond 2 sh	13	JANEA	THER'S NAME FIRST John Ma	athews	LAS	ST	15 MOTHER'S MAIDEN N		LAS	1
ORE,	In No	000		VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL	L SECURITY NO.	17. INFORMANT	ADDRESS		
ME .	11 11	1		No -		216 3	2 6972	Mr. Dennis 1	L. Mathews 7 Wil	low Ave	04
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201	e death certificate a affending physical flowe carbon pape	nation, or temberal traumatic event, to	7	18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAUSED IMMEDIA) Conditions, if ony, which gove rise to immediate	DUE TO, C	PN	EUMCN SECULENCE OF	ructue Pulm	enay Diseas	APPROXI BETWEEN	MAYE INTERVAL ONSET AND DEATH
W. P	that the	or other		couse (0), stating the underlying cause lost.	DUE TO, C	Chro	SEQUENCE OF				
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AL RECOR	he low relion.	ows ony in	CERTIFICATION	190 DATE OF OPERATION				ON WAS PERFORMED	200 AUTOPSY? 206. IF YES	S, WERE FINDIN	IGS USED
OF VIT	SICIAN: Ting physic certificate uriol-trans	Mentol Hyg or Item 18 s		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF	DEATH HOUR A	OF INJURY I.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN ITEM 18 P	PART T OR PART 2)	
IVISION	ottendin ter this c	ed	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE	OF INJURY	OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	TAL OR ATTENDIN y the hospitol or AL DIRECTOR: Af detoched for use o	Dept. of He		220.1 certify thou (1)(this ho sow the deceased alive above. (1) (we) (did) (did 221.5 SGNATURE				DEGREE ATTENDING	n death occurred on the date and hou MEDICAL STAFF DIRECTOR PHYSICIAN	r and from the c	
	TO HOSPITAL of retained by the TO FUNERAL Dishould be detoiled.	with the State		CATE A.	MANK	co n		11 E Cheotrut	Hill Lm, Recstersta		
	BP	- =1		URIAL, CREMATION, REMOV		.0/86		Mount Cem.	Baltimore, M	d county	STATE
DH	IMH - 16 50/ (VRA 15,			INERAL DIRECTOR I TCHELL-WIEDEI	FELD HOME	I, INĈ.			DEC 1 1 1986		URE

FOR STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REG. NO.

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)F	FOR STATE STATE	DEP		ALTH AND MENTAL HYG CATE OF DEATH	IENE 8 8	3 3	5 9 3				
	I. DECEASED NAME FIRST	WIDDLE	LAS	1	20. DATE OF DEATH MONT	H DAY YEAR	2b HOUR				
4	(TYPE OR PRINT) Harry	В.	Mauldi	n	December 1	1986	9:20 AM				
	1. SEX	4 RACE	5. DATE OF		6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 HRS				
	Male	White	Dec.	1, 1924 YEAR	62	YRS MONTHS DAYS	NTHS DAYS HOURS MIN.				
4	JE BIRTHILACE I STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8.	□ NEVER MARRIED □	9 BALTIMORE CITY OR CO	UNTY OF DEATH					
	Maryland	/ USA	WIDOWED		Baltimore County MD.						
1	Towson	Valley Nursin	STREET ADDRESS)		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK ter Acct. Ex	king Life) 126 KIND O INDUSTRY C. Advert	ising				
2	USUAL RESIDENCE (IF NURSING HOME OF	OTHER INSTITUTION GIVE RESIDENCE INTY 136 CITY OR Balti	imore	34 INSIDE CITY LIMITS? YES K NO	13. STREET ADDRESS / ZIP 6917 Harford	CODE Road 212	34				
1	TALEATHER'S NAME	MIDDLE		5. MOTHER'S MAIDEN NAM	WIDDLE	LAS					
4	Harry	Mauldin		Carrie		Brooks					
1	WAS DECEASED EVER IN U.S. AR [YES, NO OR UNKNOWN] [IF YES, GIV YES	WED FORCES? 166 SOCIALS (E WAR OR DATES) 212-20		Mr. Donald W	Mauldin 310:	2 Juneau P	lace				
1	gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (190 DATE OF OPERATION 1210, ACCIDENT WAS UNDERLYING [Control of the cause of t	PART 2 OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISPASE OR CONDITION GIVEN IN PART 1:0 190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 200 IF YES, WERE FINDINGS USED									
	HILL		4		YES NO	YES [ING CAUSES OF DEATH?				
1	00 000000000000000000000000000000000000	HOUR A.M. MONTH	DAY YEAR	214 HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)						
	CRESTING CAUSE OF DEA	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM, ETC.)	II LOCATION STREET	CITY OR TOWN	COUNTY	STATE				
	saw the deceased alive an	27e I certify that (I) (this hospital) attended the deceased fram									
	27h SIGNATUM	15	12-2-86								
	22d PHYSICIAN'S NAME (TYPE C			8604 Harford	Road Baltimon	re. Marvla	nd				
1	130. BURIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d LOCATION						
	Burial	Dec.4, 1986	Lorraine	Park	Woodlawn Baltimore Mary						
	14 FUNERAL DIRECTOR			250. DATE	REC'D BY REGISTRAR 256 PI	EGISTRAR'S SIGNATI	Maryland				
	Leonard J. Rucl	Inc. Baltimo	re. Mary	land	EC 2 1986 A	dia.	randall				

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck Inc. Baltimore, Maryland

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LEAS TICE PUR PUR PEETI	3_SE	X 4 RA		S. DATE OF BIRTH	220	6. AGE (IN YEAR		DER 1 YR.	IF UNDER	24 HRS. 20		MILD M	MONTH	DAY YEAR	2d HOUR
N ST ST	77			MONTH DAY	YEAR	84 YR	. Interest	DAYS	HOURS	MIN. PE	ONOUNCE	ED	12-	-19 1986	2:30
SAR ALD	70 F	IRTHPLACE (STATEO	gro	Dec. 2.	1902 TAT COUN		1			9		RE CITY (Y OF DEATH	Р.м
RICISSARY, PLEASE INFERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS PRESTON STREET,		Maryland		USA			WIDOWE		VER MARRII DIVORCE	ED 📙			- Cour		
22 m 8 3		ITY OR TOWN OF D	EATH	11. NAME OF HOS						12a USUA	LOCCUPA	TION (TYP	PE OF WORK	126 KIND OF BI	
THE STATE OF THE S	C	atonsville		6124 Ri	ch Av	reet address)				Scho	ol Te	ache	r	Retire	RY d
= 2228	USU	AL RESIDENCE (IF IN I	NURSING HOME C	OR OTHER INSTITUTION, GI	VE RESIDENCE	BEFORE ADMISSIO	N)								
SE ASSESSE	M	aryland	Balt	imore	136 CITY	OR TOWN		YES T	NO X	612	4 Ric	h Av	renue	21228	
9 7 7 8	1	ATHER'S NAME		WIDDLE		1.55		15. MOTHE	R'S MAIDE		MIDD			LAST	
# 59E2		Jacob	MIDDLE		Brown		Josephine				ric		Davis		
NO PER DINO	a 16a.	WAS DECEASED EVE	R IN U.S. ARA	MED FORCES?	16b. 5OC	IAL SECURITY	NO.	17. INFORA			2 16.5	ADDRESS	S	212	217
SATTIMORE SATTE DEA GIVE PACIE GIVE PACIE PACIES 1 WISION OF		No	(# ics, owe	WAR OR DAYES,	214-	40-489	9A	Mrs.	Richa	ard Br	own	1800	N. 1	Mount St	5 •
: 500 ≥ 10	100	18 CAUSE OF DEA		ly one cause per line								4 - 1 -		APPROXIMAT BETWEEN ONS	E INTERVAL
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CAMEN OF A		lying cause las		DUE TO, OR	AS A CON	ISEQUENCE O	F								
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BIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXEC RITING THE WORD "FENDING" ROED TO THE CHIEF MEDICAL EST SHOULD BE USED AS A BUS TO PROVIDE BE HEALTH AND TO PRICE TO BURIAL, CREMATIN	IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. MEDICAL CERTIFICATION.	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 a.													
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MRIIS CARDAGE ARE 1201	>	AT WORK AT	T WHILE X		lome	(C.)			ch Ave				le,Bal	lto. Co.	., Md.
R: TI NTE, ORW R: PV ID, 2		22a certify tho	t I took chara	e of the remains des	cribed abo	ve. held on	Autops	[32]	Inspection		Inquiry		nd in my op		
EXAMINER: CERTIFICATION ULD BE FOR: WITH THE		death resulted fro		al causes	Accident		ide .		ide XX		nined monn		,		
EERT WIT WIT WARY			1			1		TITLE (S	PECIFY)			100			
AL HOUSE, V. TH.		ACTUAL SIGNATURE	1/	2-		m		ASS:	istant	MEDIC.	AL EXAMIN	IER	DATE	12-20	0-86
MEDIC CUTE 7 FUNES FINOS	1	EXAMINER'S NAM (TYPE OR PRINT)	E 5.74 7 7	iam M Ka	/ A	1 0			111 7	2000	_ T	0-1+4	B.A.c.	2 2120	21
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH THE STI. BALTIMORE, MARYLAND, 2	1			iam M. Za				DDRESS_				od I U)• • IVIC	d. 2120) <u>1</u>
	230.	Burial, CREMATION SPECIFY) Burial		12-24-86		bury U				23d. LOCA	TOWN	a m la	COUN	-11	TATE
07/84 BP									25a DATER	EC'D. BY RI	e Mar		ISTRAR'S S		/d.
DHMH - 17 (VR A15 ME (5))	M	ershall W.	Jones	Jr. FH 4	101 E	dmonds	on Av	re.	DEC	2219	386			un Randas	
(311 1110 1146 (3))				,									Property of	-V. Kerry	-70

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O O I DLU	11 DE	REGISTRAR CLASED NAME EIR OR PRINT)	ST	MIDDLE	LAST	2a. D	REG. NO.	DAY YEAR	26 HOUR		
oge oge		Maxie		MeDowe		December 7 1986 / A					
ge 4 may ector. po ors offer d	3. SE.	Male	4 RACE Whi	5. DATE OF BIRTH 1916 December 16, 1986			GE (IN YEARS LAST BIRTHDAY) 69 YRS	MONTHS BAYS	IF UNDER 24 HRS		
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hould be must be	130 Ma	aryland Ba	OME OR OTHER INSTITUTION COUNTY	GIVE RESIDENCE BEFORE	YES 1	Y LIMITS? 13 6 5	TREET ADDRESS / ZIP CO	ODE			
es comme	14 FA	THER'S NAME FIRST John	F. McDowel	1 LAST		MAIDEN NAME RST Rut!	h Barnhill	LAST			
and co	16a V	VAS DECEASED EVER IN U	.S. ARMED FORCES? YES, GIVE WAR OR DATES)	245 40 9			ADDRESS	same)			
signed by the atternal person person of the atternal person remains to burial, cremation jury, ar ather traus	Z.	Conditions, if any, whi gove rise to immedia cause fai, stating to underlying cause la	the DUE TO, OI	R AS A CONSEQUE	NCE OF		DISEASE OR CONDITION (GIVEN IN PART 110			
te has been ssit permit. If giene prior the shows any in	CERTIFICATION	190 DATE OF OPERATION			OPERATION WAS PERFOR	YE	S NO	YES, WERE FINDIN RTIFYING CAUSES YES	IGS USED OF DEATH? NO		
ading phys his certifica burial-tran Amental Hy or Item 18	MEDICAL CE	210, ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE (IE EITHER NOTICY MEDICAL EX 21d. INJURY OCCURRED	OF DEATH HOUR A.S	m, month da m.	Y YEAR 19 21f. LOCATION		ENTER NATURE OF INJURY IN ITEM	(COUNTY	STATE		
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		226. SIGNATURE	maney		DEGREE AT PH		DICAL STAFF ECTOR PHYSICIAN	178	SIGNED		
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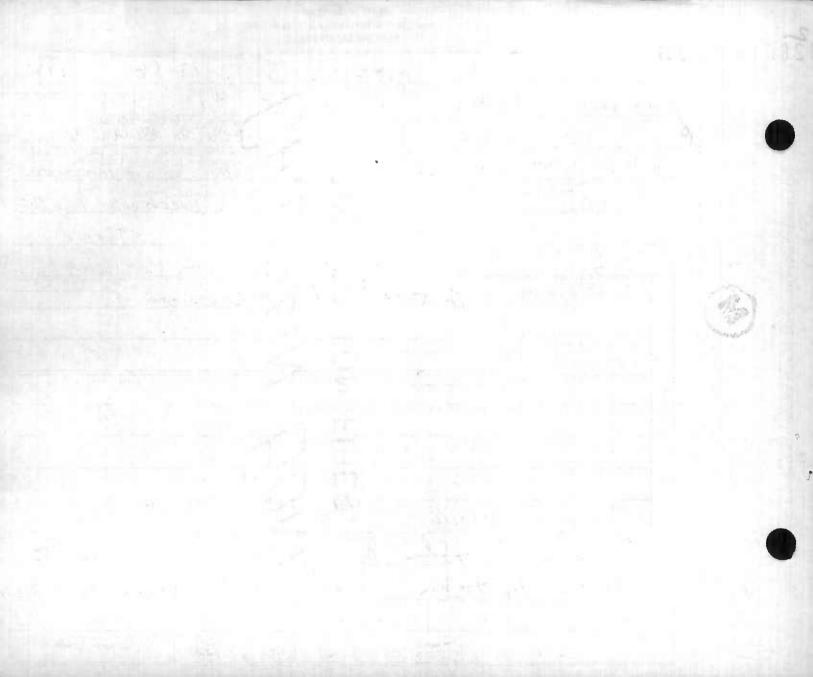
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200	1 0 000 00	0.0	REGISTRAR		CERTIF	ICATE OF DEATH	REG. I	NO.	
7 0 A	1 8 UEU 23		EASED NAME FIRST	MIDDLE	t	ASI	20. DATE OF DEATH	MONTH DAY YEAR	2b HOUR
	3 25	217996	JUANITA	R	mel	5111	12-13	-86	1750
	40 P	1.5E		RACE	5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST 8	SIRTHDAY) IF UNDER 1 YEA	AR IF UNDER 24 HRS
	4 9 6	1	Femaic	RIACK	MONTH	. / -	- 31	MONTHS DAY	S HOURS MIN.
1	11111	70 PI	RTHPLACE (STATE OR FOREIGN)	L CITIZEN OF WHAT COU	1/0/2	06 5	A BANZIMORE CITY	OR COUNTY OF DEATH	
	4 30 26		SUPPLIED (STATE ON POREIGN	LICA	MARRIE	D NEVER MARRIED	- I KAN TO	- BOUNT	7/
	8 34 34	10.01	I I I D	USH	WIDOWE				MD.
	1 11 66	17	AADAI (STUWN)	1. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIV	STREET ADDRESS	(1	120. USUAL OCCUPA	OF WORKING LIFE) INDUSTR	O OF BUSINESS OR
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73	8 25 DE		TATE 136 COUNT		E BEFORE ADMISSION) R TOWN	1 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS	/ ZIP CODE	
AND	2 1722		mo 131	1 200-00 1	Himore	YES NO	- 10.11 11	echwood	Ave 21201
3	1 11 10	IA FA	THER'S NAME	NDDLE > . LA	e f	15. MOTHER'S MAIDEN N	NAME		
X X	1 18/12	1	Larry	DAI	is	Helan	MIDDLE	Turn	70.
W	1 000		AS DECEASED EVER IN U.S. ARA		L SECURITY NO.	17 INFORMANT	ADDI		
No.	1 100 1	L C	ES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	70-1332	Holon Dx	Mix 1941	Booklan	20 00
5	9 05 2					TIEVEN DE	1000	APPRI	OXIMATE INTERVAL EN ONSET AND DEATH
100	VALAT		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	BY:	110	tre Breas	+ Carrie	BETWEE	N ONSET AND DEATH
15			IMMEDIATE	CAUSE (o)	0001010	- J- CCC-L	· Careen	TYTE	
0 .				DUE TO, OR AS A CON	ISEOUENCE OF				
RES	4 4 4 4 4		Conditions, if ony, which gove rise to immediate	(b)	-				
3	4 4 4 4		couse (o), stoting the underlying couse lost.	DUE TO, OR AS A CON	ISEQUENCE OF			THE TRA	
10	the de by the state of the stat			((c)					
5,2	uny.	z	PART 2. OTHER SIGNIFICANT CO	ONDITIONS <u>CONTRIBUTIN</u>	IG TO DEATH BUT	NOT RELATED TO THE TE	RMINAL DISEASE OR CO	NDITION GIVEN IN PART	lio
ORC	1 1 1	TION		V					
SEC.	1 2100	CERTIFICAT	19a DATE OF OPERATION	19b. CONDITION FOR V	WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	
7	78 22 1	12					YES NO	YES	NO 🗆
>	Z 1 101 0/	20	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	HOUR A.M. MONT	H DAY YEAR	21¢ HOW INJURY OCC	URRED (ENTER NATURE OF IN	JURY IN ITEM 18 PART 1 OR PART 2	0
0	70 170	CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				
ő	19 242 6	MEDIC	21d. INJURY OCCURRED	21e PLACE OF INJURY		211 LOCATION	CITY OR 1	TOWN COUNTY	STATE
N/S	01 110	2	AT WORK	(AT NOME STREET, FACTORY,	OFFICE, FARM, EIC)	Since			31416
a	Do A see		22a. I certify that (I) (this hospita	ol) ottended the/deceased	from	1/4 10 8	9 12	112 1906	that (I) (we) lost
	41 8 4 E		sow the deceased alive on above, (!) (re) (did))(did not		1	nd that in (m) (our) opinio	on death occurred on the	date and haur and from th	
-	P. A.		22b. SIGNATURE	view the body offer death.	1	DEGREE		77r DA	TE SIGNED,
	0 1 0 0 0 0		7	no IL	l n	ATTENDING	MEDICAL ST	AFF	1 Der
	A Part I		22d PHYSICIAN'S NAME TTYPE OR	PRINTS	18	PHYSICIAN 77e ADDRESS	DIRECTOR PHYS	ICIAN 14	413/08
	25 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		N	n. 11.		5601	1 / 1	o	100
	01 2414		Davis	10 Hans	1		noch /	Taven 1	1100 2/23
		23a. B	URIAL, CREMATION, REMOVAL	23b DATE		EMETERY OR CREMATOR	Y 23d. LOCATION CITY OR TOWN	COUNTY	STATE
	BP		"Burial	12/18/85	Woodla	vn Cemeterv		ore, Marylan	
	DHMH - 16 60M 7/B4	24 FL	NERAL DIRECTOR	4.00		25e. D	ATE REC'D. BY REGISTRA	RIZAL REGISTRADES SIGNA	ASI IDE.
	(VRA 15, 4)		Wm C March F/H	West 4300	Wabash	Avenue Ut	EC 19 1986	Tales Decider	Variable and



028240 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2 should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to by TO FUNERAL DIRECTOR:

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

20	REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO.		
	CEASED NAME FIRST		MIDDLE		AST	20. DATE OF DEATH , MONTH	DAY YEAR	26 HOUR
11176	John C John	Path	dk McGi	ure	Jr.	12/22/86		3,05 M
3 SEX	h ^	4 RACE		S. DATE C		6 AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
1	/V ale	VI	HITE	00	09 4x	138 y	RS	
	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8. MARRIE	D NEVER MARRIED	9 BALTIMORE CITY, OR COU	NTY OF DEATH	
	Maryland	USA	A	WIDOWE	**	154h	mere.	MD.
10 CI	TY OR TOWN OF DEATH				OR OTHER INSTITUTION	120 USUAL OCCUPATION		OF BUSINESS OR
1	Sout 1	(11 NOT IN 500	CHEACILITY, GIVE STREET	DDKE221		Construct	Lion	
13a. S	AL RESIDENCE (IF NURSING NOME OF STATE 13) COUN Bal	OTHER INSTITUTION NTY LO.	13c. CITY OR TOWN	N	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP C	Ave.	21221
14. FA	THER'S NAME	2001/01			15. MOTHER'S MAIDEN NA		3 1 1 1 1	
	John 1	D. I	AcGuire	Sr.	Dorothy	WIDDLE	Sullia	ân
	VAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRESS		
1		etnam	219-50-	0654	Mary McGui	re 622Delwar	011/02	21221
	18 CAUSE OF DEATH (Enter or	ly one couse per					APPRO BETWEET	DXIMATE INTERVAL N ONSET AND DEATH
140	PART 1, DE ATH WAS CAUSE IMMEDIA	D BY: TE CAUSE (0)	Card	ias	sulmone	my ares	+	
		DUE TO O	R AS A CONSEQUE	NCE OF		0		
	Conditions, if ony, which	((b)_	man	V	nII			
	gove rise to immediate couse (a), stating the	DUE TO, O	R AS A CONSEQUE	NCE OF				
	underlying cause lost.	(c)_						
~	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	GIVEN IN PART	l(o)
ē.				500.				
MEDICAL CERTIFICATION	190 DATE OF OPERATION	1%. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED		F YES, WERE FIND ERTIFYING CAUSE	
E .						YES NO	YES 🗌	NO 🗌
S.	21a. ACCIDENT WAS UNDERLYING CAUSE OF DE	216. TIME C	FINJURY M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)	
CAL	LIF EITHER, NOTHEY MEDICAL EXAMINES		M.	19	1000			
AED .	21d. INJURY OCCURRED	21e PLACE (AT HOME STI	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR FOWN	COUNTY	STATE
	AT WORK NOT WHILE							
	22a. I certify that (1) (this hospi		e deceosed from_		, 19	, to		, that (I) (we) last
	sow the deceased alive an above, (1) (we) (did) (did no	t) view the body	ofter death.			death occurred on the date and	hour and from th	e couses stated
	22b. SIGNATURE			30	DEGREE ATTENDING	MEDICAL STAFE	22c. DAT	ESIGNED
	D 1	en-			PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	Y	
	274 PHYSICIAN'S NAME (TYPE C	OR PRINT)	0		22e ADDRESS	,		
	0116	MIN	9		1 + 2 1			
	SURIAL, CREMATION, REMOVAL				EMETERY OR CREMATORY	23d LOCATION CITYOR TOWN Baltimor	T. DUNTY	I I STATE
	Cuamahian	1 1 2 / 2"	1/06 150	auri	+ WDroces Tn	C Baltimor	e Marv	landSTATE

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IMPORTANT: If Hem 21 is morked or

(VRA 15, 4)

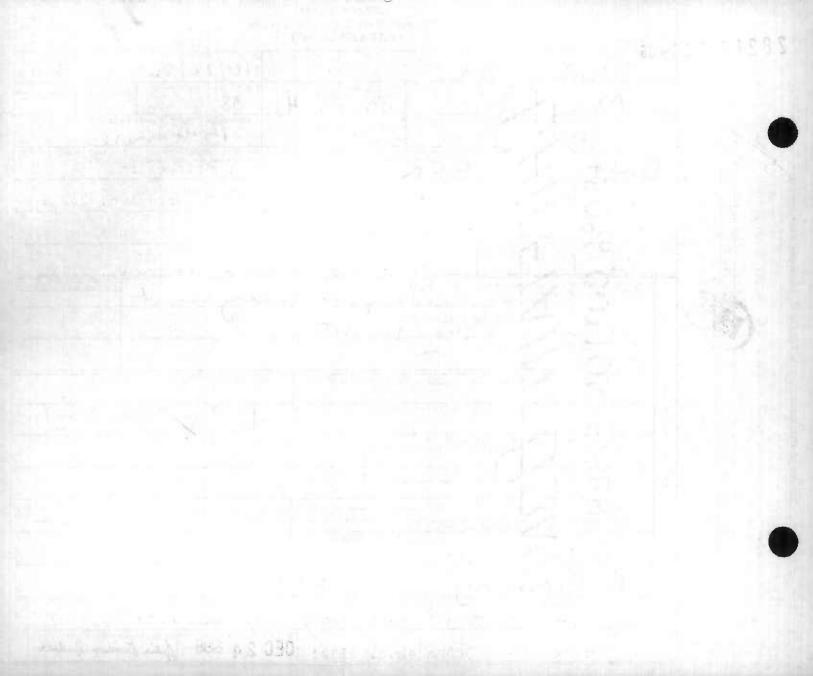
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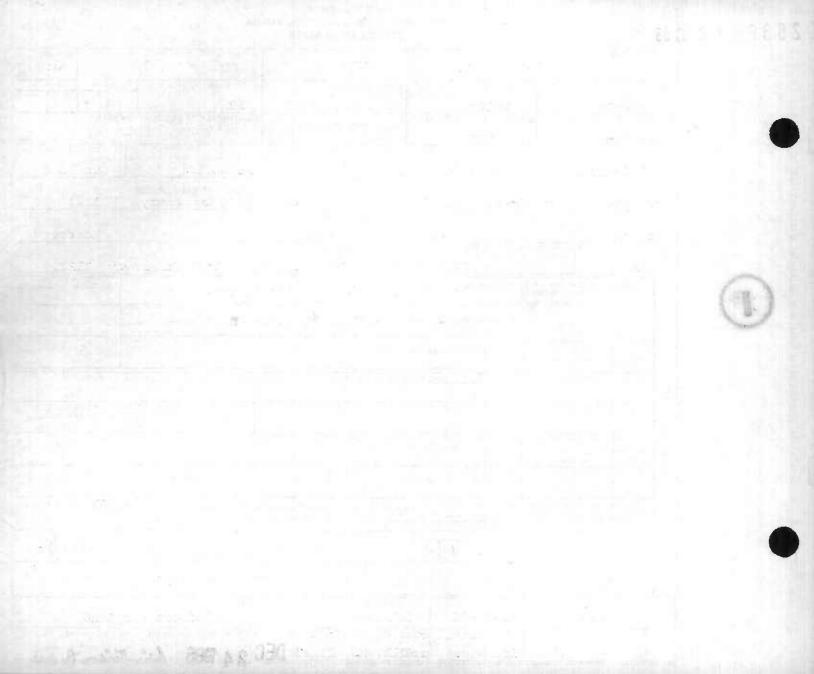
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24 FUNERAL DIRECTOR

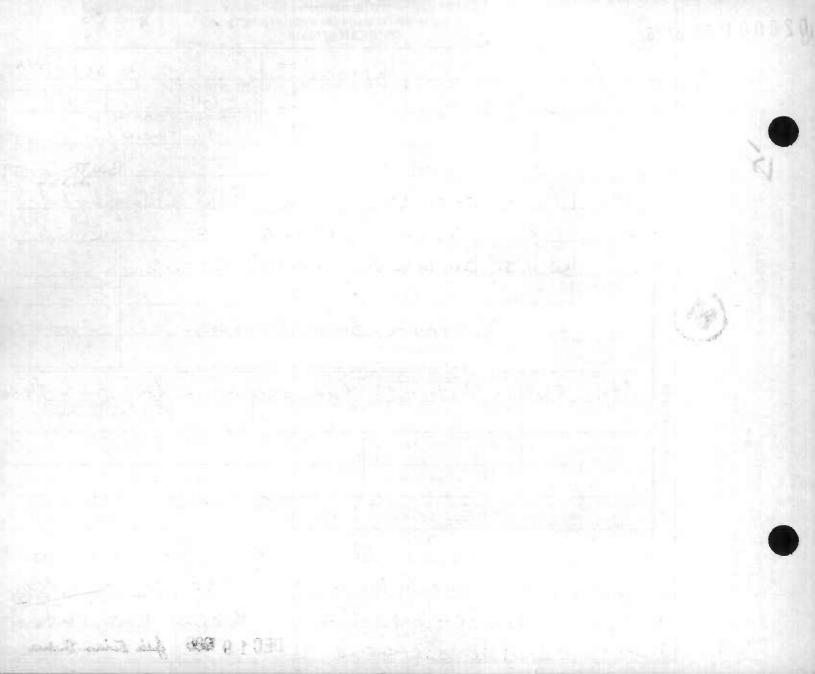
ConnellyFuneralHome 300MaceAve. 21221

250 DATE REC'D. BY REGISTRAR! 250 REGISTRAR'S SIGNATURE
DEC 24 1986 Julia Deviden Rendelle





		STATE OF MARYLAND	7 3 7 3
128001 DEC 3	FOR	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 👸 🔘	0 0 1 4
20001 0504	31 C GETATE REGISTRAR	CERTIFICATE OF DEATH REG. NO.	
	1. DECEASED NAME FIRST (TYPE OR PRINT)	MIDDLE LAST 20. DATE OF DEATH MONTH DATE	YEAR 2b. HOUR
nay be page 3 rr death	Francis	5 X McKenna JR. 12 18	86 10:084
may be	3 SEX	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF	UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector irs of	Male	Caucasian 3 20 22 64 YRS	NTHS DAYS HOURS MIN.
Pod in Pod	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY O	FDEATH
nero nero	Md.	USA WIDOWED DINORCED DI Baltimore	Co MD.
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IL CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) / (TYPE OF WORK FOR MOST OF WORKING LIFE)	12b. KIND OF BUSINESS OR INDUSTRY
5 7 50	lowson	St. Joseph Hospital .	BALTO. COUNTY
212 hound	USUAL RESIDENCE (IF NURSING HOME OF	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) INTY / 136. STREET ADDRESS / ZIP CODE	1334
24 AND	Md. Bo	uto. PARTILLE YES NO X 3210 WILLOU	ghby Rd.
SYLL SHE	14. FATHER'S NAME	MIDDLE LAST IS MOTHER'S MAIDEN NAME	7 7
MAN PO PER STANCE	FRANCIS	X MKENDASRI Minnie A.	B0028
# 00 pm 10 /	160. WAS DECEASED EVER IN U.S. A	RMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
M # pp #	1100	WIT 214 16 6567 FAMILY RECORDS	
At of the state of	18 CAUSE OF DEATH (Enter of	anly one cause per line for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 4 45	PART I. DEATH WAS CAUS	ATE CAUSE (0) Cardiac Arrest	
Z Z	in the second se	DUE TO, OR AS A CONSEQUENCE OF // / /	
15	Canditians, if any, which	(b) Coronary Artery Disease	2415.
2 216	gave rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQUENCE OF	/
w hot w	underlying cause last.	(c)	
2 2 2 2 2 2	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	IN PART TO 11
ADS PART OF THE PA	& Atrial Flo	itter Metastatic Adenocarcinoma Kongo	estive Hear Tailus
2 1 1116	Atrial Flo	196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, V	WERE FINDINGS USED NG CAUSES OF DEATH?
A 2 0 0 0 0 /	TIFE	YES NO YES	NO [
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	OD CONTRIBUTION TO CAUSE OF DE	LIGHT AN HOLEN BAY VEAR	I OR PART 2)
to an and and and and and and and and and	OR CONTRIBUTING CAUSE OF DI		
OR HAND TO	(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY 211. LOCATION (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET CITY OR TOWN	COUNTY STATE
V Of The state	WHILE NOT WHILE AT WORK		
Z 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		pital) attended the deceased from $\frac{11/2.5}{2.5}$, 19 85, to $\frac{12/18}{2.5}$, 19	86, that (1) (we) last
# 65 6 5 E S	saw the deceased plive a abave, (li) we) (did i (did ii	in 12/17 19 86, and that in my (our) opinion death accurred an the date and hour a last view the body after death.	nd from the couses stated
80 % M M M M M M M M M M M M M M M M M M	226. SIGNATURE	DEGREE	221. DATE SIGNED
A THE STATE OF THE	Ot Wicea	ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN	12/18/86
Prose to the Spirit of the Spi	274 PHYSICIAN'S NAME INTE	ORPRINT) 22e. ADDRESS	111
A	Trancis L	Wiegmann, Jr. MN 8400 Martord Rd. Ball	Imore, Md.
5 5 5 5 1 3	230. BURIAL, CREMATION, REMOVA		21234 STATE
BP	BURIAL	12 32 1986 GARDENS FAITH ROSEDALE BA	NO- MARYLAND
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR	R'S SIGNATURE
(VRA 15, 4)	EVANS CHAPE	LOFMEMORIES HARFORD DEC 1 9 1886 Julia	Jendern-Khrisheet



CALLE F DAVID OF THE STREET, SR. FOLL

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HIM CUMPINGS AVENUE

YALD .OMAS MAKEDING Haryland 2132s JYAIYAN ilib Commings Ave. Catensville. X SHOUTHER

511652 C Minney the transfer the transfer to t

W M 218-14-950 prothy . We tinney 1119 Condings Ave. 21238

Part Miller, Mr.

Udite 200 (CE Frederick Wold, Catcheville, Maryland

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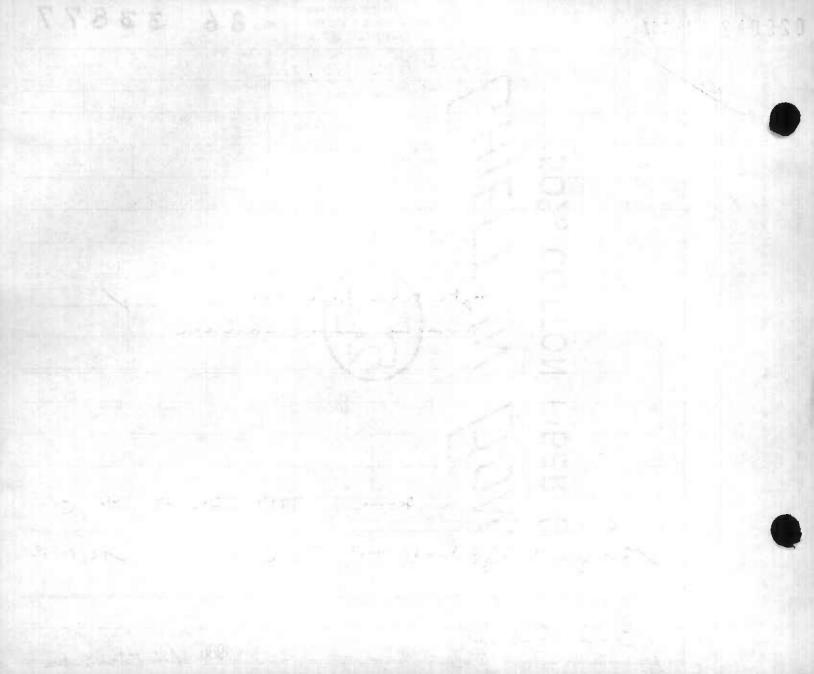
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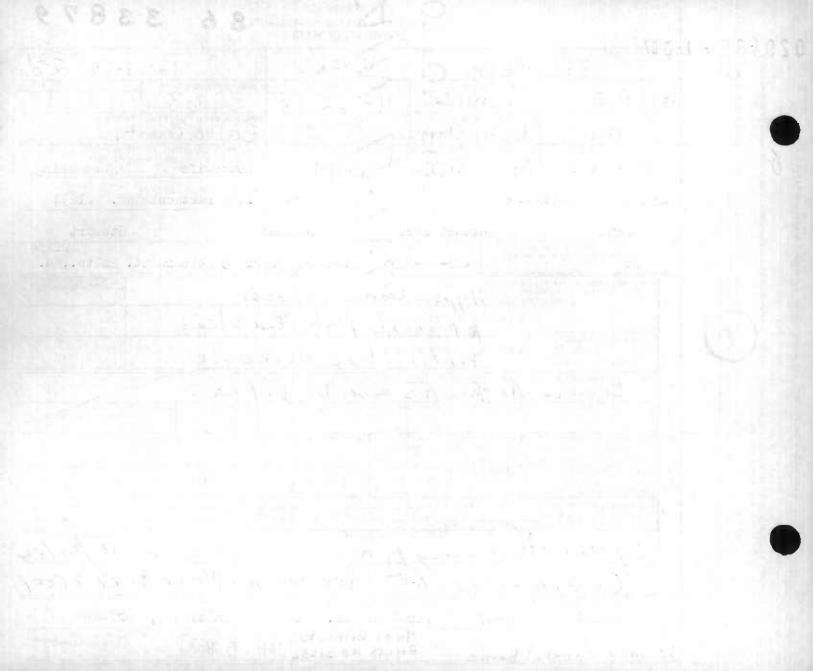
NUTERS & SWE FUNERAL HORS, INC.

E. Lowell Lemmon, 10 W. Padonia Rd.

(VRA 15, 4)



631	DEC	U	STATE REGISTRAR				CERTIFICATE OF	DEATH	REG. NO.		
6.4		1. DE	CORODA VI	FIRST	MIDDLE		LAST		20 DATE OF DEATH MO	INTH DAY YE	AR 2b HOUR
page 3		A	EV050		OH . //	CMQ	MUS S	R	12 01	86	KX
ge 4 m ector. p		3. SE	MALE	1	Black		5. DATE OF BIRTH	2 2	6 AGE (IN YEARS LAST BIRTHD)		YEAR IF UNDER 24
h. Pag al dire 2 hau	MI	7a B	RTHPLACE (STATE OR FOR	REIGN 71	CITIZEN OF WHA	COUNTRY?	MARRIED NEVER		9 BALTIMORE CITY OR C		Н
Jeath Jun 72	16/	1	SC		USA		WIDOWED D	ONORCED [BALTIMOR	F COUNT	Υ
by the f	Septed S		TOWSON		ST JOSE	PH HOS	SPITAL	STITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WITH	ORKING LIFE) INDUS	ND OF BUSINESS
24 hau filled in auld be	35	13a :		GHOME OR O 36 COUNT BALT	Υ 13ε. (ESIDENCE BEFORE A CITY OR TOWN TOWSO!	1 13d. INSIDE	CITY LIMITS?	13e STREET ADDRESS / Z		E 212
d within	13	10	Rev. Henry	M		cManus	15. MOTHER	arlie	MIDDLE MIDDLE		Manus
	7	16a V	VAS DECEASED EVER IN YES, NO OR UNKNOWN)	U.S. ARM	ED FORCES? 166	SOCIAL SECUR	ITY NO. 17. INFORM.		ADDRESS AcManus 417	b	
th certification	ofice and		IA	S CAUSEĎ MMEDIATE	CAUSE (o)		Iduac NCE OF	Avres			
w requires that the death carries seen signed by the ottending point. Then please remove carbonicals	riar to burial, cremation, or lenny injury, ar other traumatices	ATION	Conditions, if only, vegove rise to immer couse to, stating underlying couse	which diote the lost.	DUE TO, OR AS A DUE TO, OR AS A CC) DUE TO, OR AS A CC) COUNTRY COUNT	A CONSEQUEN A CONSEQUEN BUTING TO DE	NCE OF LUNC	Co.	NAL DISEASE OR CONDIT		
The law require cian. te has been sign sit permit. Then	giene priar to burial, cremation, ar rem shaws any injury, ar other traumatic	RTIFICATION	Conditions, if ony, v gove rise to immed couse (a), stoting underlying couse PART 2. OTHER SIGNIE	which diate the last.	DUE TO, OR AS A DUE TO, OR AS A CC) DUE TO, OR AS A CC) CO DITIONS CONTR	A CONSEQUEN A CONSEQUEN BUTING TO DE FOR WHICH C	NCE OF LUNC NCE OF EATH BUT NOT RELATED DEFRATION WAS PERFO	D TO THE TERMI	NAL DISEASE OR CONDITI	Db. IF YES, WERE FI N CERTIFYING CAI YES	NDINGS USED USES OF DEATH
NN The law require hysician. Icate has been sign	ental Hygiene prior to buriol, cremation, or rettern 18 shows any injury, or other traumatic	CAL CERTIFICATION	Conditions, if only, vegove rise to immer couse to, stating underlying couse	which diote the lost. FICANT CO	DUE TO, OR AS A DUE TO, OR AS A CO CO DUDITIONS CONTR 196 CONDITION 216. TIME OF INJURY	A CONSEQUEN A CONSEQUEN BUTING TO DE FOR WHICH O	NCE OF EATH BUT NOT RELATED PERATION WAS PERFO	D TO THE TERMI	NAL DISEASE OR CONDITI	Db. IF YES, WERE FI N CERTIFYING CAI YES	NDINGS USED USES OF DEATH NO
SICIAN. The law require ng physician. certificate has been sign rial-transit permit. Then	Hygrene 18 shows	MEDICAL CERTIFICATION	Conditions, if ony, vegove rise to immercouse 101, storing underlying cause PART 2. OTHER SIGNIF 19a DATE OF OPERATIO 21a, ACCIDENT WAS UNDER OR CONTRIBUTING CAL	which diote the lost. FICANT CO	DUE TO, OR AS A DUE TO, OR AS A (c) PODITIONS CONTR 196 CONDITION 216. TIME OF INJI HOUR A.M.	A CONSEQUEN A CONSEQUEN BUTING TO DE FOR WHICH O URY MONTH DAY	NCE OF EATH BUT NOT RELATED PERATION WAS PERFO YEAR 19 21t. HOW IF	D TO THE TERMINORMED	NAL DISEASE OR CONDITI	Db. IF YES, WERE FI N CERTIFYING CAI YES	NDINGS USED USES OF DEATH NO []
ATTENDING PHYSICIAN. The law require aspital or attending physician. ECTOR: After this certificate has been sign of or use as the burial-transit permit. Then	Item 18 shaws		Conditions, if ony, v gove rise to immercouse 101, stating underlying cause PART 2. OTHER SIGNIF 19a DATE OF OPERATIO 21a. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL 21d INJURY OCCURRED WHILE NOT WHILE AT WORK 22a.1 certify that (1) (the saw the deceased above, (1) (we) (did	which diote the lost. FICANT CO N RIVING USE OF DEATH LEXAMINER) D his hospito olive on olive on	DUE TO, OR AS A DUE TO, OR AS A (c) DUDITIONS CONTR 196 CONDITION 216. TIME OF INJUMENTAL AMARIAN P.M. 216. PLACE OF IN (AT HOME, STREET, FA	A CONSEQUEN A CONSEQUEN BUTING TO DE FOR WHICH O URY MONTH DAY JURY CLORY, OFFICE, FAR BOSED from	NCE OF NCE OF EATH BUT NOT RELATED OPERATION WAS PERFO (YEAR	D TO THE TERMINORMED NJURY OCCURRI	NAL DISEASE OR CONDITY 20a AUTOPSY? YES NO CENTER NATURE OF INJURY IN	Db. IF YES, WERE FINCERTIFYING CALL YES LITEM 18 PART LORPAS COUNT 19 Dond hour and from	NDINGS USED USES OF DEATH NO 121 2) Y STA' , that (I) (we is the causes state
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FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENF - STATE CERTIFICATE OF DEATH REGISTRAR DECEASED NAME LAST FIRST 20. DATE OF DEATH MONTH 2b. HOUR MAE MICHAEL 86 Marv 3. SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH YEAR White 05 05 Female TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland USA BALTIMORE COUNTY WIDOWED DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 126 KIND OF BUSINESS OR IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS! (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY GBMC-6701 NO CHARLES ST. TOWSON Hochschilds Switchboard Oper SUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c CITY OR TOWN 305 East Joppa Road 21204 Baltimore Towson Maryland NO TA 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME P. MIDDLE MIDDLE Marcella Bûlens Johnston Frank ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) UF YES GIVE WAR OR DATES) 217036323 Celeste Michael 24 Johnson Rd. Pas.Md.21122 None 8 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DE ATH WAS CAUSED BY CONGESTIVE HEART FAILURE IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ISCHEMIC HEART DZ Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG 194 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO [71a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 21d. INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION AT HOME STREET, FACTORY, OFFICE, EARM, ETC) CITY OR TOWN COUNTY NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased fram. 86, and that in (my) (aur) apinian death accurred an the date and haur and fram the causes stated saw the deceased alive an_ abave. (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS G.B.M.C. Intum Ikai, M.D. 230 BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE [SPECIFY] STATE Dec. 22.1986 New Cathedral Burial 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

(VRA 15, 4)

MCCUILY

Fuveral

STATE OF MARYLAND

3 3 8 8D

404:1 48 et 51

SALTIMORE COUNTY

TOWSON CAMC-CYDI NO CHARLES ST. CERTS COMMENTED

- CONCESTIVE HEART FAILURE - AS/AB/RG

ISCHEMIC HEART DZ

12/19 85/1 86 12/19 85

Female White Sept. 27 1916 70

Md. U.S.A. x

Baltimaltimore Franklin Square Hospital Homemaker —

Md. Baltimore Baltimore x 7121 CunninghCircle 21220

Joseph Shopis Ursula unknown

no 215-03-0055 Eileen Mikolayunas (dghtr) same address

STATE OF MARYLAND

33882

028358 DE	12	STATE REGISTRAR			DEP	ARTMENT OF H	E OF MARYLI LEALTH AND I LICATE OF D	MENTAL HYG	REG. NO.	338	82
		CEASED NAME	FIRST MA	RGARET			AST MILLE	R	20 DATE OF DEATH MONT	H DAY YEAR	2b. HOUR
4 49	100	margar	et /	K.	m,11	ler			12-15-	86	8:35 PM
E 2	1.5E			4. RACE		5. DATE (V\$ 4.0	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	
4 92		Female		White	2	MONTI	12	06	80	YRS.	S HOURS MIN.
1 4 7 7 8 8 A	V	Maryland	FOREIGN]	U.S.		TRY? 8 MARRIE WIDOWE	D NEVER	MARRIED	Balto, Co		
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2 1770		Touson		Stella	Ma Ma	ris H	ospice		Homemaker	KING LIFE) INDUSTR	Y
1 10 1	1Ju	AL RESIDENCE (IF NURS	13b COUN		13c. CITY OR	TOWN	13d. INSIDE C	NO A	13e STREET ADDRESS / ZIP C308 St. Eli	code izabeth H	all 21204
1 137.87	14. F.	ATHER'S NAME		AIDDLE	LAS	,	15. MOTHER'S	S MAIDEN NA	ME MIDDLE		
		Michael		· · · · · · · · · · · · · · · · · · ·	Doy1		На	anorra	MIDDLE	Mac	kessy
# (an a a]		VAS DECEASED EVER		MED FORCES?	166 SOCIAL	SECURITY NO.	17 INFORMA		ADDRESS		
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¥ 1 1 1 1 1 1 1		18 CAUSE OF DEAT PART I. DEATH W	H (Enter and	y one cause per	A 1		1		7)	APPRO BETWEE	OXIMATE INTERVAL N ONSET AND DEATH
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3 4 4994		cause (a), statir underlying cause	ng the	DUE TO, O	R AS A CONS	SEQUENCE OF					
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DIVISION OF VITAL RECORDS ING PHYSICIAN: The foresteer of our life broad from the period of the control of the	1 8	21a. ACCIDENT WAS UNI		21b. TIME O		DAY YEAR	21c HOW IN	JURY OCCUR	RED (ENTER NATURE OF INJURY IN IT	EM 18 PART I OR PART 2	1
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o b b b		22b. SIGNATURE	1	000			DEGREE	ATTENDING	MEDICAL STAFF		TE SIGNED
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54 54 34	22.	DIDIAL CREATION	BENGNA	1201 D 175		22. NAME OF			ey Rd Tows	on, MD 21	.204
BP	230	BURIAL, CREMATION, (SPECIFY) Burial	KEMOVAL	12-18	-86	Loudor		CKEMATORY	Baltimore	COUNTY	rvland
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DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

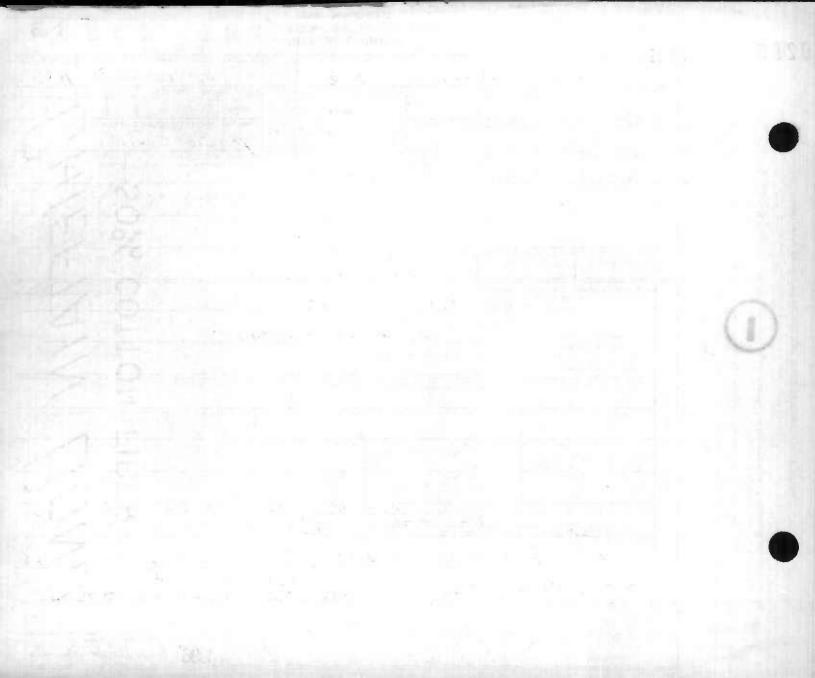
Maryland

12-18-86

BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Mitchell-Wiedefeld Home 6500 York Road 21212

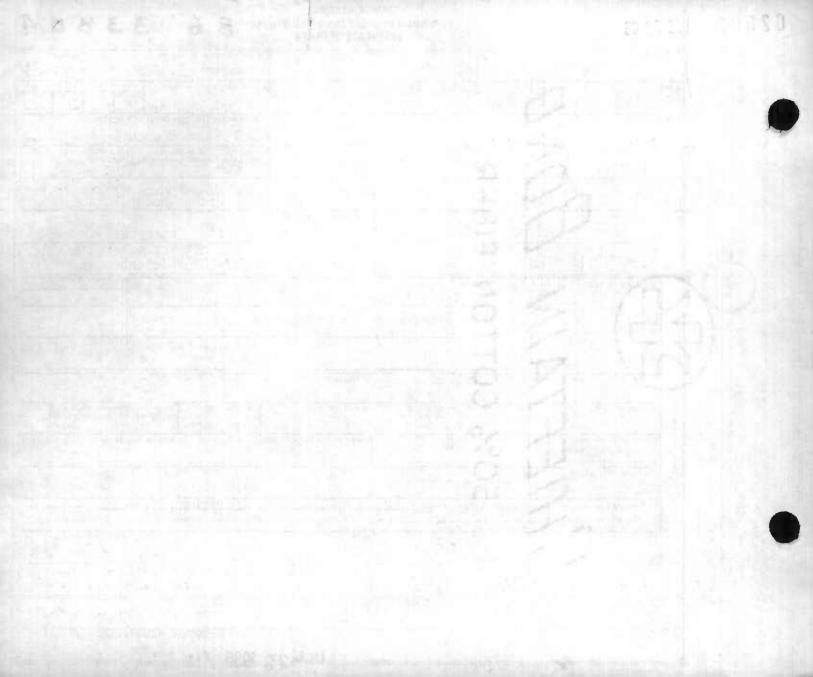
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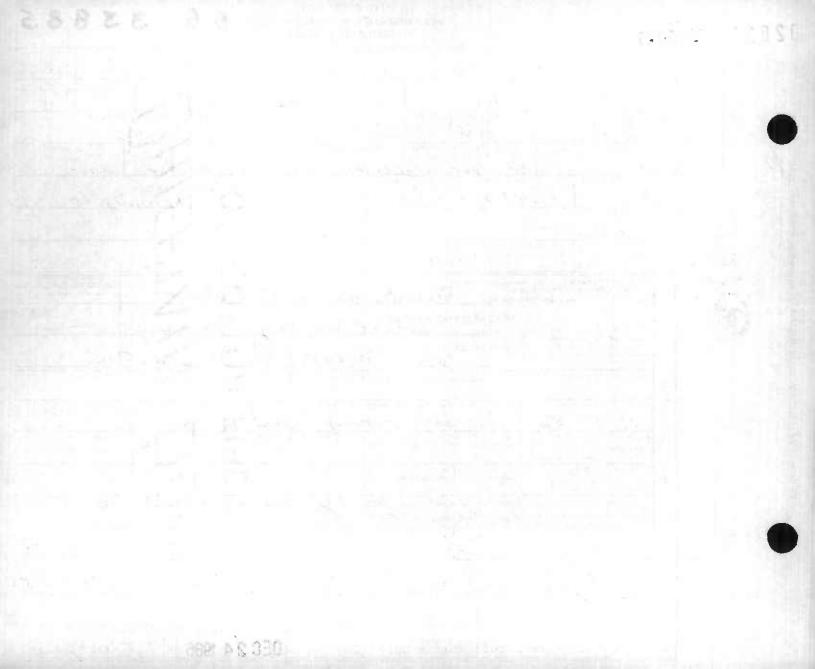
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mo, bo	3. SE	(4. RACE	5. DATE OF		6 AGE (IN YEARS L	AST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4		FEMALE	BLACK	6	20 DAY YEAR 1908	78	YRS.	MONTHS DATS HOURS MIN,
Po de la		RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY	? 8.	_	9. BALTIMORE C		Y OF DEATH
4 25 E		MARYLAND	U. S. A.	WIDOWED	NEVER MARRIED	MALT	To Cou	enty un
d district		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR		120 USUAL OCC	UPATION	126 KIND OF BUSINESS OR INDUSTRY SCHOOLS
of the led of		Towson	GIGHTA MA	1.	197165	MUSIC	MOST OF WORKING L	BALTO. PUBLIC
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ND 24 I		ARYLAND COU	NTY I34. CITY OR TO		3d. INSIDE CITY LIMITS? YES X NO []	13e.SIREET ADDI	RESS / ZIP COD MONDCON	AVENUE 21223
YLA		THER'S NAME			5. MOTHER'S MAIDEN NA	ME		AVENUE ZIZZ
MARY mplete	1	WILLIAM	E. MILLER	SP	KATIE	MID	DUE	BUSTON
+ 01	16a V	VAS DECEASED EVER IN U.S. AF			7 INFORMANT MRS.		DDRESSDOIL	timore, Md.
BALTIMORE, into be executed by system and company or soli.	10	res, no or unknown) (IF yes, GI	VE WAR OR DATES) 214-40 -		laethelda M.			
ALTI.			nly one couse per line for (o), (b), o		iaetheiua m.	neuuers	1200 [.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
2 4 9 9 8		PART 1. DEATH WAS CAUSE	D BY:		CRIAS			BETWEEN ONSET AND DEATH
PRESTON ST.		IMMEDIA	TE CAUSE (o)	(2007 3			
on, o	- 1	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	UENCE OF	me TASTA	sic		
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201 ned b pleo vriol,		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT N	OT RELATED TO THE TERA	AINAL DISEASE OR	CONDITION G	VEN IN PART I (a)
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NG PHYSICIAN: The low requirentending physicion. After this certificate has been signs the buriol-tronsit permit. Then the and Mental Hygiene prior to be norked obtained.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUTOPSY	? 20b. IF YE	ES, WERE FINDINGS USED
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ON OF VITA HYSICIAN: T ding physici ss certificats buriol-transi Mental Hyg		OR CONTRIBUTING CAUSE OF DE.		DAY YEAR				
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VISH G Ph orten ond kedit	W	WHILE NOT WHILE AT WORK	. (AT HOME, STREET, FACTORY, OFFICE	, FARM, ETC)	STREET	CH	ORTOWN	COUNTY STATE
D Or or Se os solth			ital) attended the deceased from	12-	19 19 36	10 12-	22	, 19_86_, that (1) we lost
TEN of Ho of Ho			17-22 19	11	that in (my) (our) opinion	deoth occurred on	the dote and ho	ur and from the couses stated
REC Hed the spt. cem fem		22b. SIGNATURE	ot) view the body offer deoth.	DE	GREE			22c. DATE SIGNED
the office of the DI H. T. H. DI H. T. H.		Carla 1	1 alexand	les 4	ATTENDING PHYSICIAN [MEDICAL DIRECTOR P	STAFF	12-22-86
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Stote		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)		22. ADDRESS		4	
O HOSPIT eroined by TO FUNER should be with the Ste		Carla S. Ale	exander, M.D.			la Maris		
Shoot of with the state of the	23a F	URIAL, CREMATION, REMOVAL		NAME OF CEA	Dulaney Val	Ley Rd		MD 21204
BP		BURIAL			Memorial Par	CITY OR TO	wn	COUNTY STATE
	24 FI		UNERAL HOME, ADDRESS					more maryland
DHMH - 16 60M 7/B4 (VRA 15, 4)	2	SOI CHANNE EVIL	S PKWY. BALTIMO	DE MO		EC 2/1 10		Dandon Rudale
(VIA 13, 4)		OT BALINING LAFT	S FRWI . DALIIMU	ML, MD.	212.0	CU 2 7 13	30 11	



ADDRESS

(VRA 15, 4)





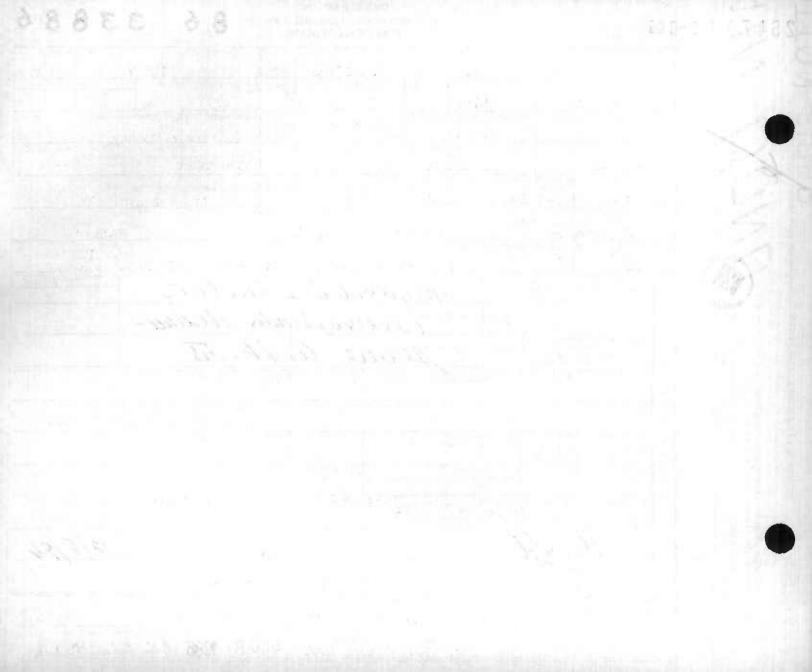
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21,201	4
de la constant de la	0
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and it. Page 4 may be	4
retained by the haspital or attending physician.	1
TO FUNERAL DIRECTOR. After this certificate has been signed by the ottending and completely filled in the financial director, page 3 should be described for use as the human larger permit Then places remove continued as 1 and 2 should be a larger than 1000 and 100	0
with the Stote Dept of Health and Mental Hygiene prior to burial, cremotion, or MADRIANT, if hem 21 is marked on Hemm? shows any injury or other frommotie	DL
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DHMH - 16 60M 7/84 (VRA 15, 4)

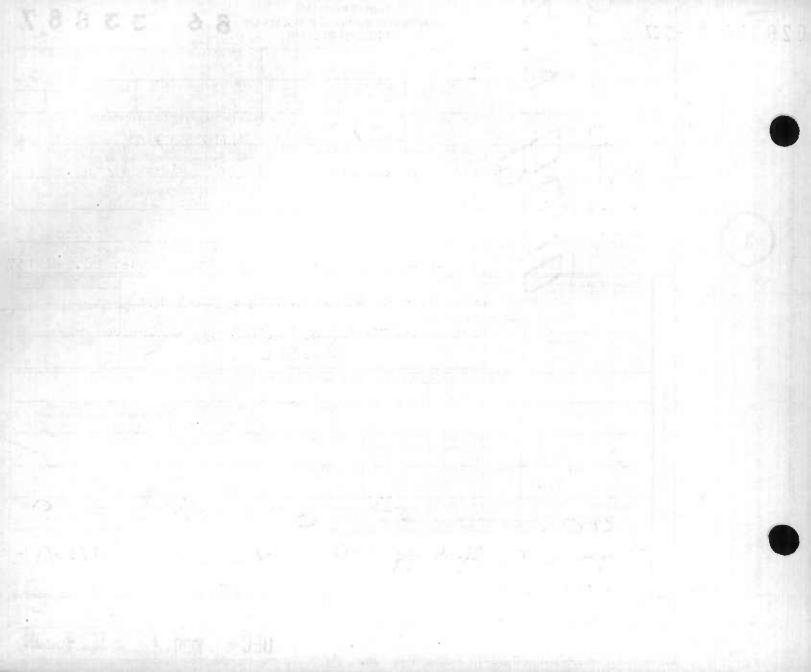
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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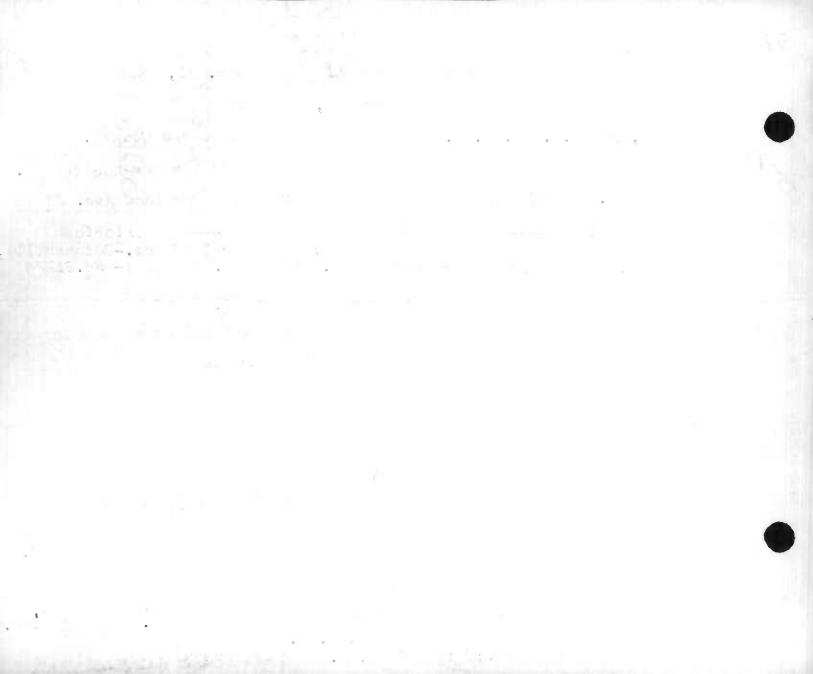
-	168	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTA		ENE 8 6 3	3 6	380
		CEASED NAME FIRST		MIDDLE	ı	AST	T		DAY YEAR	2b. HOUR
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i	3. SEX		4 RACE		S. DATE C	OF BIRTH		AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR	IF UNDER 24 HRS
4		Female		ite	9 9	20 11	I.R	75 YRS	MONTHS DAYS	HOURS MIN.
f.		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D EN NEVER MARRIE		BALTIMORE CITY OR COUNTY	OF DEATH	
		Germany		many	WIDOWE			Baltimore Cou		MD.
)	10 CT	Arbutus	(IF NOT IN SU	chracility, give street Arbutus	ADDRESS)	OR OTHER INSTITUTION		120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF HOMEMAKET .		OF BUSINESS OR
**	USUA 13a. S	AL RESIDENCE (IF NURSING HOME TATE 13b. CO		13c. CITY OR TOW		1 13d. INSIDE CITY LIMI	1752	3e.STREET ADDRESS / ZIP CODE		
			ltimore	Arbutus		YES NOX		5229 Arbutus A		227
1		THER'S NAME				15 MOTHER'S MAIDE	EN NAM	E		
		Christopher	WIDDLE	Roeszi	00	Maria		WIDDLE	Schob	
1	16a W	VAS DECEASED EVER IN U.S.	ARMED FORCES?	16b. SOCIAL SECU		17 INFORMANT		ADDRESS		
	(Y	res, no or unknown) (IF yes,	GIVE WAR OR DATES)	216-32-	1049	Joseph P.	Mis	evicius 5229 Arl		
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7	CERTIFICATION	19a DATE OF OPERATION	196 CONE	DITION FOR WHICH	OPERATIO	N WAS PERFORMED		IN CERTIF	S, WERE FINDI	
		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAMI	DEATH HOUR A		AY YEAR	21c. HOW INJURY O	CCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 1	PART 1 OR PART 2)	Lad
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY TREET, FACTORY, OFFICE, F	ARM, ETC)	21f LOCATION STREET		CITY OR TOWN	COUNTY	STATE
		22a I certify that (I) (this ha sow the deceased alive above, (I) (we) (did) (did	on 11-10	19	7-20	nd that in (my) (our) of	pinion de	to 11-10-86		that (1) (we) lost couses stated
		226. SIGNATURE	18			DEGREE ATTENDI PHYSIC		MEDICAL STAFF DIRECTOR PHYSICIAN	12/	8/86
1		THE PHYSICIAN'S NAME TH	Edu somi			22e. ADDRESS				SERVICE CO.
		Barahona				1101 Mai	.den	Choice Lane		
	23a. B	BURIAL, CREMATION, REMOV	AL 23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMAT	TORY	23d. LOCATION	COUNTY	STATE
	_ '	Burial	12/1	0/86 I	oudon	Park Ceme	tery		M	laryland
	24 FL	JNERAL DIRECTOR			2	1229	Sa DATE	REC'D. BY REGISTRAR 256 REGIST	RAR'S SIGNAT	TURE
	I	Hubbard Funera	1 Home,	Inc. 4107	Wilk	ens Ave.	UL	1986 Julia	Divideon.	Pendals



3 2904	4 JAN -	5 1 8	FOR STATE REGISTRAR			DE		STATE OF IT OF HEALT CERTIFICA	H AND M	ENTAL HYG	IENE &	6 REG. NO		3	8	87
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STATE OF MARYLAND

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Hubbard Funeral Home, Inc. 4107 Wilkens Ave.

DHMH - 16 60M 7/84 (VRA 15, 4)

TO FUNERAL DIRECTOR

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MPORTANT: II III

Mitchell-Wiedefeld Home 6500 York Road 21212

(VRA 15, 4)

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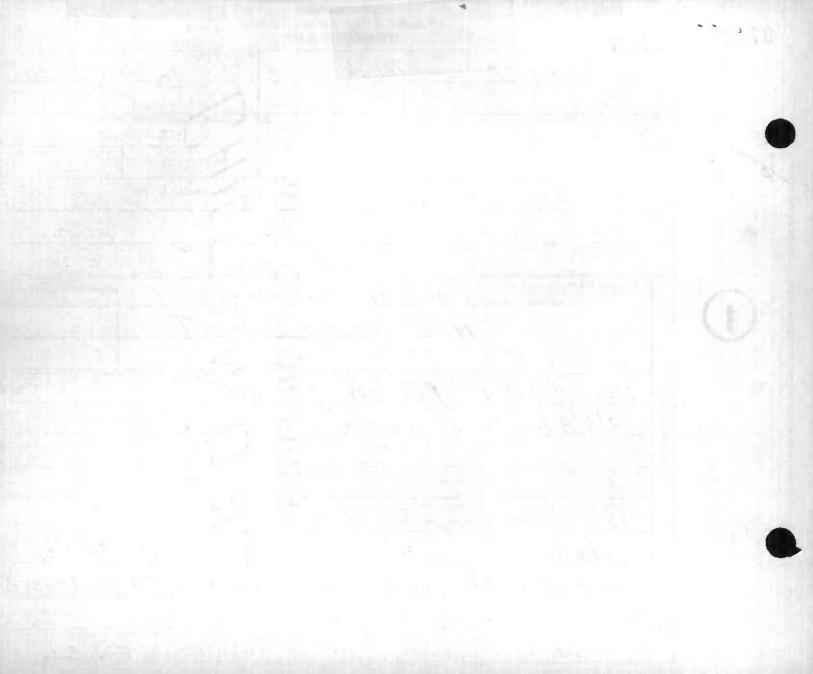
STATE OF MARYLAND

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W21 40	10 €	TOWSON OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET)	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION	126. KIND OF BU	JSINESS OR
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH - 16 60M 7/84 (VRA 15, 4)

23b DATE

CREMATION, REMOVAL

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

23d LOCATION

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IF UNDER I YEAR

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22c. DATE SIGNED

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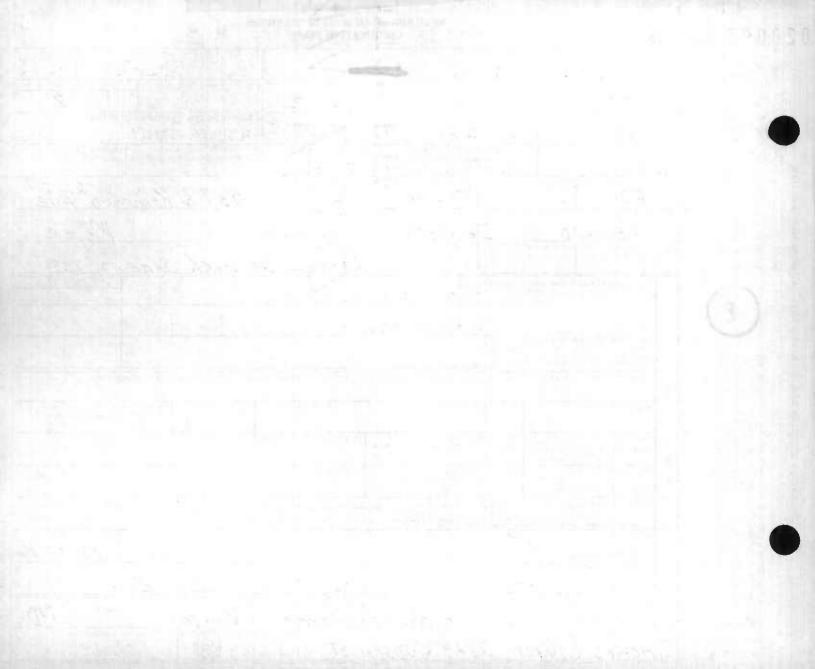
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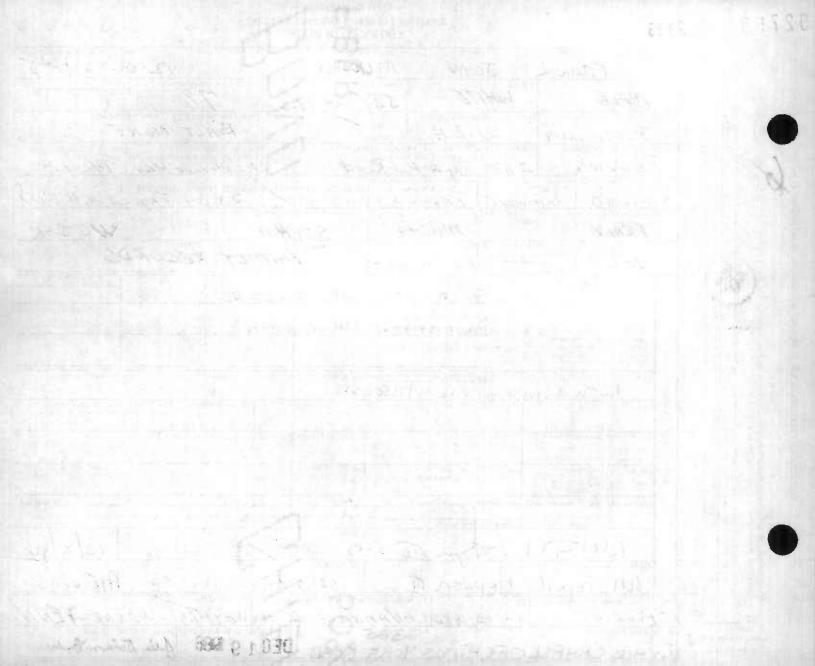
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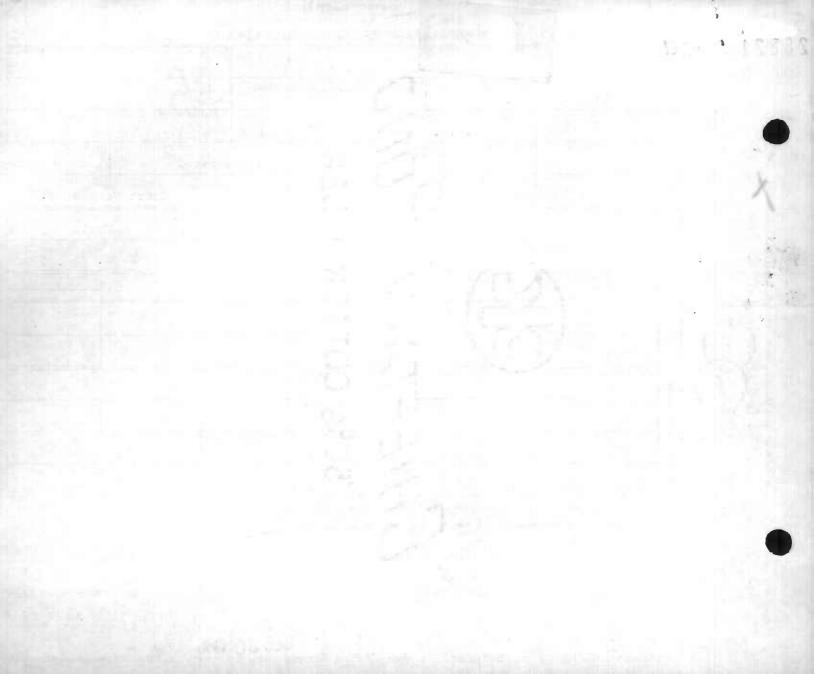


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IMORE CONTRACTOR	160 (VAS DECEASED EVER IN U.S (ES, NO OR MIKINDWN) (IF YES	CHUE WAR OR DATEST	SOCIAL SECURITY NO. 3-01-7824-A	17. INFORMANT	nily RES	CORDS	
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AL RECORI	TIFICATION	190 DATE OF OPERATION	196 CONDITION	FOR WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
OF VITZ	AL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	FDEATH HOUR A.M.	JURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUS	LY IN ITEM TO PART I OR P	ART 2)
DIVISION Offers the cutter of the sond Min and	MEDIC	21d INJURY OCCURRED	21e. PLACE OF IN		21f LOCATION STREET	CITY OR TO	wn cou	NTY STATE
OTTENDIN CTON: At far use of Health		220 I certify that (I) (this h saw the deceased alive above, (I) (we) (did) (die		19	nd that in (my) (aur) apinian	death accurred an the do	, 19 ate and haur and fic	, that (I) (we) last am the causes stated
AL OR A CAL DIRECTOR AND STATE IN INC.		226. SIGNATURE White	nly	pu ite v	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	DATE SIGNED
O FUNE TABLES		22d PHYSICIAN'S NAME (I	N. Hapn		22e ADDRESS 3313 PA	penmile	Ro A	100M21131
RP RP RP	230.	BURIAL, CREMATION, REMO	VAL 236. DATE	230 NAME OF	CEMETERY OR CREMATORY	23d. LOCATION WAYMAR	T-WAYN	K-PENN.
	24 F	JNERAL DIRECTOR	1/1/2/1	ADDRESS 232	250. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S ST	IGNATURE
DHMH - 16 50M 4/83 // (VRA 15, 4)	3	VANS CHAP	SLOFCH	MSS YORK	ROAD DE	3191986	Julia Dirich	in Hickory



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED RICHARD D. MUMFORD, JR. 22 19 86 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 4. RACE 5. DATE OF BIRTH 2c. DATE 2d. HOUR LAST BIRTHDAY) PRONOUNCED 12:15 Male Oct. 25,1939 White DEAD 23 1986 BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY II.S.A. Maryland DIVORCED & Baltimore County WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 124 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS. ORINDUSTRY Black & Decker FOR MOST OF WORKING LIFE)
Accountant Towson 8729 Loch Bend Dr. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS 34 Acorn Court Towson Md. 21204 13a STATE Baltimore 13c. CITY OR TOWN Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Mumford Evelyn Richard Taylor 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h. SOCIAL SECURITY NO 17 INFORMANT ADDRESS Tallahassee (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Vietnam RICHARD MUMFORD 2044 QUINN CT. Fla. 32308 220-36-6441 Yes 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Barbituate & Acute Ethanol Intoxication DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate DIVISION OF VITAL RECORDS, 201 W. cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 101 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? VARDED TO THE CITY PAGE 3 SHOULD BE UITATE DEPARTMENT OF TO BUR YES V NO 🗌 21a EXTERNAL CAUSE WAS TIB. TIME OF INJURY & ST. 24c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OPTIMATY subject used drugs and alcohol P.M.] 1986 21e PLACE OF INJURY JATHOME II LOCATION COUNTY Maryland STREET, FACTORY, FARM, ETC.) WHILE AT WORK CITY OR TOWN Motel room Lock Bend Drive. Baltimore Co., 22a. I certify that Look charge of the remains discribed above, held as Inquiry Inspection death resulted fram: Natural couse? Homicide Undetermined manner TILE (SPECIFY) PAGE 4
TO FUNIENT
AFTER DEATH
BALTIMORE DATE SIGNED 12-24-86 MEDICAL EXAMINER EXAMINER'S NAME Dennis F. SmytM, M.D. ADDRESS 111 Penn St., Balto., MD TYPE OR PRINT 230. BURIAL, CREMATION, REMOVAL 23b DATE 23d. LOCATION 23c. NAME OF CEMETERY OR CREMATORY Burial RP 430 12/29/86 Balto. Maryland State Veterans Cemetery Ownigs Mills 07/84 Letony M. & Russell C. Witzke Funeral Homes P.A. DEC 30 1986 **DHMH - 17** (VR A15 ME (5)) 1630 Edmondson Avenue, Catonsville, MD. 21228

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME KNOWN MONTH OF ESTI-LUCY MURPHY K SEX 4 RACE DATE OF BIRTH & AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS LAST BIRTHDAY) 9. BALLMORE CITY OR COUNTY OF DEATH INTHPLACE (STATE OR MARRIED NEVER MARRIED BALTO CO DIVORCED WIDOWED CITY OR TOWN OF DEATH 176 KIND OF BUSINESS TOWSON JOSEPH HOSPITAL 13a STATE JIII COUNTY 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS FATHER'S NAME ADDRESS 16h SOCIAL SECURITY NO. 7. INFORMANT WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES) 14 PECORDS 217-09-1395 18. CAUSE OF DEATH (Enter only one couse per line for (4), (b), and (c). PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS AT Canditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) DIVISION OF VITAL RECO 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES . 21a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 211 LOCATION STREET, FACTORY, FARM, ETC. 1 CITY OR TOWN COUNTY WHILE NOT WHILE AT WORK TO MEDICAL EXAMINER: THE EXCUIT THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PAFTER DEATH, WITH THE STABALTIMORE, MARYLAND, 2 Inspection X 22a. I certify that I took charge of the remains described above, held an Autopsy and in my opinion Notural causes Hamicide Undetermined manner MEDICAL EXAMINER EXAMINER'S NAME (TYPE OR PRINT) 230 BURIAL, CREMATION, REMOVAL 236 DATE 23d. LOCATION 73c. NAME OF CEMETERY OR CREMATORY BP. DEC 1 9 1986 Julia Sin 24 FUNERAL DIRECTOR **DHMH - 17** (VR A15 ME (5)) 20M 4/82

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STATE OF MARYLAND

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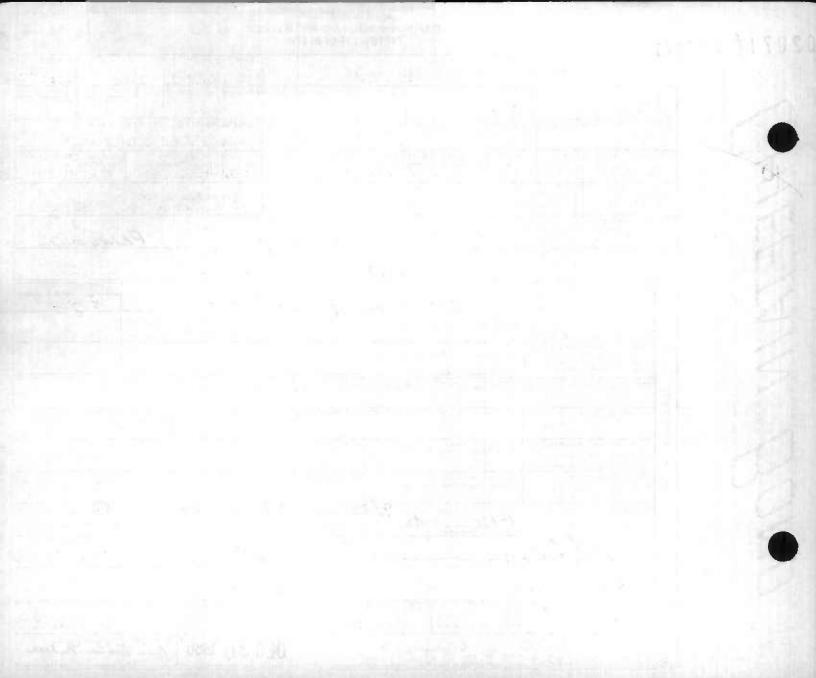
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the horner of DIRE etoche fee Depte first Hearth		226. SIGNATURE MKT	n'Svan	DEGREE ATTENDI	NG MEDICAL STAFF AN DIRECTOR DHYSICIAN	12/23/86
SPIT,	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	are granted and are are a second	
TO HOSPI efoined b TO FURE MANUAL THE SAME THE S		141. K. W.	EVOY	P.O. Box 12	129 Sykesville, mi	0 21784
	23a.	BURIAL, CREMATION, REMOVA	L 236 DATE	230 NAME OF CEMETERY OR CREMAT	ORY 23d LOCATION	AUNTY A MATE
BP	24.5	OMMAL	12-26-86	sake Vun Contl	y Sylasvelle	CANKE Md.
DHMH - 16 60M 7/B4	14	LINERAL DIRECTOR	att like	DRESS AP. Mal	ATE REC'D. BY REGISTRAR 256. REG	ISTKAR'S SIGNATURE
(VRA 15, 4)	/	10009 W. 177.111	IFIX STYKE	were ///3.	DLU 43 1300 7	



(VRA 15, 4)

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PRESTON ST

DIVISION OF VITAL RECORDS, 201



				500				OF MARYLAN		0 6		2 4	
287	61	DEC 3	166	FOR STATE REGISTRAR		DEPARTA		EALTH AND M ICATE OF DE		REG. NO		0 7	0 7
		J. PARS		I. DECEASED NAME FIRST MIDDLE LAST 20. DATE OF DEATH MONTH DAY							YEAR 2	HOUR	
9	poge 3		NARDONE NARDONE							2-25-86	5 7	1:00 A.	
	pog pr de		3 SEX 4 RACE 5. DATE OF BIRTH							6. AGE (IN YEARS LAST BIRT			UNDER 24 HRS
4	rector,		1	Female	Whi		Manyrh	274	** 18	68	YRS.		OURS MIN.
	meral di	35		RTHPLACE (STATE OR FOREIGN MARY) and	76 CITIZEN OF	WHAT COUNTRY?	MARRIE WIDOWE	D NEVER MA	ARRIED -	BALTIMORE CITY O		FDEATH	MD.
100	A see for	56	TOW	TY OR TOWN OF DEATH	GBMC-6		ADDRESS)	OR OTHER INSTITUTE OF A 12 12 12 12 12 12 12 12 12 12 12 12 12	TUTION H	120 USUAL OCCUPATION OF THE WORK FOR MOST OF THE WORK FOR TH	ON WORKING LIFE)	126. KIND OF E	ome
AND 213	filled in	影		Md. V=		130. GITY OR TOW Battine		13d. INSIDE CIT YES KOK	Y LIMITS?	13e.STREET ADDRESS /	ZIP CODE H	ighway	21224
MARYL	mpletely and 2 s	300	14. FA	Paul Paul	WIDDIE	Soroka		15. MOTHER'S	MAIDEN NAM Instructura	MIDDLE		Paonchi	ck
RE,	20 0	io //		AS DECEASED EVER IN U.S.		166 SOCIAL SECU		17 INFORMAN		ADDRE			
WO	200	a ge	LY	(YES, NO ON DINKNOWN) (IF YES, GIVE WAR OR DATES) 212-18-9040 Eugene S. Nardone 1117 Browning Huy.									
BALT	hysicia	ovol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one cause pe SED BY:							APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
ST.	0 0	eve		IMMEDIATE CAUSE (o) Respiratory failure									
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 DIVISION. The low requires that the death certificate be executed within 24 hours	10		111	Conditions, if any, which () Old tuberculosis and hemoptysis									
	(68			gave rise to immediate									
3 5	1	9		cause (a), stating the underlying cause last.	DUE TO, C	OR AS A CONSEQUE	NCE OF						
201	24	to burio		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110									
SDS,	Se Se		Z O	Laennec's cirrhosis of liver									
0	mit.	ony /	AT	190 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFOR	MED	20a AUTOPSY?	20b. IF YES, W	VERE FINDING	S USED
X	hos peri	ows o	IFIC	12/18/86	Righ	t pneumon	ectom	У		YES NOT	IN CERTIFYIN	NG CAUSES O	F DEATH?
AT :	ysicio	Hygie	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c HOW INJ	URY OCCURR	T V V T			
OF S	ph of	Hem]		OR CONTRIBUTING CAUSE OF	DEATH	.M. MONTH DA	AY YEAR						
O Y	ding buri	or #	MEDICAL	21d. INJURY OCCURRED	21a. PLACE	OF INJURY		211 LOCATION	N			COLUMN	
VISIO 0	er the	ked	¥	WHILE NOT WHILE AT WORK	(AT HOME, ST	REET, FACTORY OFFICE F	ARM, ETC)	STREET		CITY OR TO	WN	COUNTY	STATE
ā Z	or Aft	mor		22a.1 certify that (I) (this ha	spital) attended t	he deceased from _	7-9		186		. 19	86_, the	ot (I) (we) last
2	TOR For u	21 is		saw the decreased alive an 12.00 , and that in (my) (aur) opinion death occurred on the date and hour and from the causes stated above, (1) (well (ad) (ad not) in 12 above, (1) (well (ad) (ad not) in 12 above, (2) (ad not) in (ad) (ad not) in									
0	REC hed	ept.		776 SIGNATURE	1	curren death.		DEGREE				22c. DATE SIG	GNED
	the the etoc	te D	1	KINU	llugher	- W	0		TENDING HYSICIAN	MEDICAL STAF	F IAN FO	12/26	186
Tid	ned by the	TANT ANT		22e ADDRESS									
I S CH	etained TO FUN should b	with the State		Rudiger Breitenecker, M.D. 6701 N. Charles St. 21204									
Ç	5 5 7	3 🛬	23a B	URIAL, CREMATION, REMOV				EMETERY OR CR		23d LOCATION	0 .	AUNTY	STATE
	BP		L '	SPECIFY) Burial	12-20	7-86 50	acred	Heart o	f Jesu	1 Dunda it.	Balto.	0., Md.	STATE
DŁ	HMH - 16 6	OM 7/84		INERAL DIRECTOR					25a DATE	REC'D. BY REGISTRAR C 2 9 1986	256. REGISTRA	R'S SIGNATUR	E
Di	/VRA 15		(hariles S. Zeis	en & Sor	Inc. 65	14 Fa	tonn Av	UE	5 7 9 1900	Aulia L	widon.	anidate

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STATE OF MARYLAND

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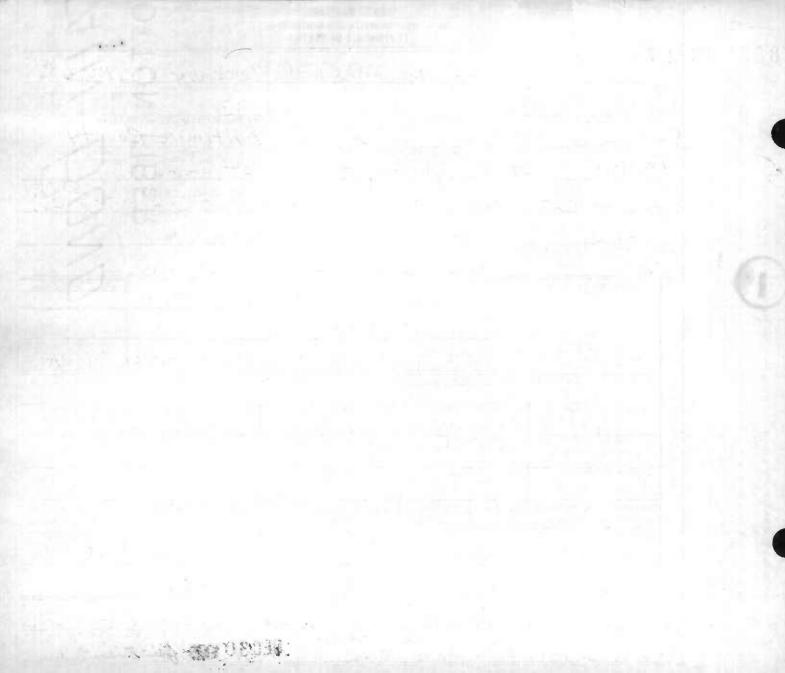
	1			STATE OF MARYLAND						
557	OFE	FOR STATE 86	DEPAR	TMENT OF HEALTH AND MENTAL HY	GIENE O O	5 5 7 0				
				CERTIFICATE OF DEATH	REG. NO					
	1. DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH	NONTH DAY YEAR 26. HOUR				
1		Bea	trice	Neason	1	2 12 86 10,				
9	3 SE	(4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTH	MONTHS DAYS HOURS				
8		Female	White	10 24 11	75	YRS				
7-	7a Bi	RTHPLACE (STATE CONTROL	76 CITIZEN OF WHAT COUNTRY	? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR	COUNTY OF DEATH				
2	_	ennsylvania	/ U.S.A.	WIDOWED DIVORCED	Baltimre					
2/		TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATIO					
6	Ca	tonsville		Center	Homemake:					
7	705Uz	AL RESIDENCE (IF N	THER INSTITUTION, GIVE RESIDENCE BEFORE 130. CITY OR TO	DRE ADMISSION)	13e STREET ADDRESS /					
25	M		0 0-	arlboro YES & NO [209 Weymou					
1/		THER'S NAME	MIDDLE LAST	15 MOTHER'S MAIDEN N	AME	2011				
5 10		Augustine	Litzinge	Ameli	MIDDLE	Oswald				
0		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC		ADDRES					
1		(IF YES, CO NO	ive war or dates)	-7441 Frances Near	son (Daughter) Same as # 13.				
-		IL CALISE OF DEATH (Settle	only one cause per line factor, (b), o	nadia.		APPROXIMATE INTERV BETWEEN ONSET AND D				
other		gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQ	VENCE OF - Sei-	zures					
ury, or	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:0								
2	CERTIFICATION	19a. DATE OF OPERATION	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED				
ws on	FI.	THE OF CLEANION	THE CONDITION TOR WITH	TOTERATION WAS TENTORMED	N. W. S.	IN CERTIFYING CAUSES OF DEATH				
	ERT	210. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	716 HOW IN HIRY OCCU	RRED (ENTER NATURE OF INJURY	YES NO				
6		OR CONTRIBUTING CAUSE OF D	HOUR A.M. MONTH	DAY YEAR	THE TENTER INVIORE OF INJORT	INTICM IS PART I ORPART 2				
	DICAL	(IF EITHER, NOTIFY MEDICAL EXAMIN	P.M. 21e. PLACE OF INJURY	19 211 LOCATION						
000	MED	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE		CITY OR TOW	N COUNTY STA				
		270 1 certify that (I) (this has	oitol) attended the deceared from	10 - 10 - 10 81	10 12 -	12 10 86 11				
2		sow the deceased glive on 12 - 12 19 6 and that in (my) (our) opinion death occurred on the date and how and from the course stated								
ea		abave, (I) (we) Gid) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED /								
		H Her.	adocc n	A IN ATTENDING	MEDICAL STAFF	1 12/12/1				
		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS	DIRECTOR PHYSICI	and it is				
		17. De	vadoss	7. S. Taves	- SGHC	•				
		URIAL, CREMATION, REMOVA	L 23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY				
		Cremation	Dec/13/86 (Chambers Crematory	Riverdale	P.G. Co. Mary				
7/84	24 FL	INERAL DIRECTOR	ADDRESS	25a A	TE REC'D. BY REGISTRAR 2	REGISTRAR'S SIGNATURE				
()	(3		Home Riverdal	e Mamiland	EU 171986	Julia Troidson Par				

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The transfer of the		STATE OF MARYLAND
	FOR TATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5 3 3 3 0
	REGISTRAR	CERTIFICATE OF DEATH REG. NO.
U Z 8 8 6 4 JAN	T. DECEASED NAME FIRST	MIDDLE LAST Zo. DATE OF DEATH MONTH DAY YEAR ZO. HOUR
ay be death,	(TYPE OR PRINT)	DAINE O NEVUANCED 1 23 1001 / 25
pag r de	3. SEX	14 RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
office	J. 32A	MONTH DAY YEAR MONTHS DAYS HOURS MIN.
age urect	1-2 MALS	WHITE JUNES, 1893 93 YRS.
4 25 25	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY OF DEATH
Carried dear	1 JARYLAND	U.S.A. WIDOWED DIVORCED Baltimore County MD.
1 3 K 3 D	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) 120. USUAL OCCUPATION 170. USUA
ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا ا	LOMZOU	IST Joseph Hospital AT Home
be be	USUAL RESIDENCE (IF NURSING HOME (136. STATE 136. COL	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
ND 24	MARYLAND BAL	TIMORS PERRY HALL YES D NO X 3865 SCHROLDER AVE
A 等 等	14. FATHER'S NAME	15 MOTHER'S MAIDEN NAME
ARY	EJRST	MIDDLE LAST FIRST MIDDLE LAST
E, N	JAMES 160 WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS
OR		IVE WAR OR DATES)
TIW .	110	216203377 FAMILY RECORDS
BAL H	18 CAUSE OF DEATH (Enter of	only one couse per Jine for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST.,		ATE CAUSE (0) POSSIBLE MIOCARDIAL INFARCTION
NO de la contra del contra de la contra de la contra del la contra de la contra de		DUE TO, ORAS A CONSEQUENCE OF
RESTON e death a mave cart cation fraumatic	Conditions, if any, which	(10 CORONARY MSEASE
PR he cemon	gove rise to immediate couse (a), stating the	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the dealt configuration and entering physicion. Wher this certificate has been signed by the attendance to completely filled in by as the buriolstransist permit. Then please remove control and completely filled in by as the buriolstransist permit. Then please remove control and completely filled in by as the buriolstransist permit. Then please remove control and completely filled in by as the buriolstransist permit. Then please remove control and control and as the filled in by an action of the filled in by the filled in by a state of the filled in by t	underlying couse lost.	DUE TO, OF AS A CONSEQUENCE OF CHEROTIC CALMOVAS CULAR DISEASE
20 res 1	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)
RDS, ranger sign Then to burning	2 0	The state of the female of the
beer rait.	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED
L Re lo n. n. per ne pe	12/19/86	IN CERTIFYING CAUSES OF DEATH?
/ISION OF VITAL R 2 PHYSICIAN: The Li r this certificate has the burial-transit per and Mental Hygiene ted or frem 18 shows	210. ACCIDENT WAS UNDERLYING	- Con-doctor in Man wall in the
N OF VITA SICIAN: TI up physici certificate errol-transit ental Hygi		ENTER HATORE OF INJUNE TO
SICIA ng pl certif certif tental-tental	JIF EITHER NOTIFY MEDICAL EXAMIN	
ISIO	OR CONTRIBUTING CAUSE OF D JIF EITHER MOTIFY MEDICAL EXAMIN 21d INJURY OCCURRED	21e. PLACE OF INJURY [1AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.] STREET CITY OR TOWN COUNTY STATE
DIVISION DING PHY or attendi After this se as the bu	WHILE NOT WHILE AT WORK	10/10/20
A Se eath	220.1 certify that (A (this has	oital) attended the deceased from 1900, 10 10 10 1900, that Mr (we) last
TTEN Portol For u	saw the deceased alive a	n 17/22 1986 and that in (que) (qur) opinion death accurred an the date and hour and tram the causes stated
OR A. DIRECTOCKED TO THE POSITION OF THE POSIT	22b. SIGNATURE	PEGPEE 222. DATE SIGNED
AL OR AL DIRI	19 P0100	ATTENDING _ MEDICAL _ STAFF / 1000 46
PITAL by th EERAL State State	22d. PHYSICIAN'S NAME (TYPE	ORPRINT) PHYSICIAN DIRECTOR PHYSICIAN 1 1 107 US ORPRINT)
HOSPITAL FUNERAL MId be dett wid be dett	N 0	
TO HOSPITAL retorned by the retorned by the should be deter with the Store IMPORTANT: I		0NDO 7620 704 kd.
F 2	230 BURIAL, CREMATION, REMOVA	CITY OR TOWN COUNTY STATE
BP	BURIAL	112 27 1986 BRETHREN CHURCH GLEN ARM BALTO MARYLAND
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR	ADDRESS 8800 HARFORD 250 DATE REC'D BY REGISTRAR 256 REGISTRAR'S SIGNATURE
(VRA 15, 4)	SVAOS (MARS	ADDRESS



FOR STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

1	KERNIKAK							REG. N	0.			
	1 DECEASED NAME	FIRST	1	WIDDI E	1	AST		20 DATE OF DEATH	MONTH DA	YEAR	26 HOUR	
		ernon	н.	L.	N	eutze		12-28-8	6			М
	3 SEX	100	4 RACE		S. DATE C		144	6 AGE (IN YEARS LAST BIR		FUNDER 1 YEAR	IF UNDER 24 HR	_
	MAle		Whit		12		16	70	YRS.	ONIHS DAYS	HOURS MIN	٧.
-	TO BIRTHPLACE (STATE O	R FOREIGN	76 CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER M	ARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH		
y	Md.		U.S.	Α.	WIDOWE		ORCED	Baltimor	e Coun	tw -21	206	MD.
1	10 CITY OR TOWN OF D		(IF NOT IN SUC	HOSPITAL, NURSI	ADDRESS)		TUTION	120 USUAL OCCUPATI	ON	12h KIND OI	F BUSINESS C	_
_	Baltimore,			Kenwood		e-21206		Security-M	ld. Nat	ional	Bank	
4	USUAL RESIDENCE IN NU	13b COUN		13c. CITY OR TOV		13d INSIDE CIT	Y HMITS?	13e STREET ADDRESS	/ ZIP CODE			
	Md.	Ba	alto.	Balto.			NO IX	4301 Ke		Avenue-	-21206	
1	14 FATHER'S NAME		AIDDLE	LAST		15 MOTHER'S		WE			3172	
1	Albert			eutze		Fri	eda eda	MIDDLE		Dore		
1	160 WAS DECEASED EVE		AED FORCES?	166 SOCIAL SEC	JRITY NO.	17 INFORMAN		ADDRE	SS	DOTE	y	-
-	(YES NO OR UNKNOWN)	W.W.	WAR OR DATES)	213-30-8	3023	Margar	et L.	Neutze 4301	Kenwo	od Ave	. 2120	6
	18 CAUSE OF DEA	TH Enter and	y ane cause per	line for (a), (b), ai	nd (c)					APPROXIV BETWEEN C	MATE INTERVAL	H
	PART I. DEATH		E CAUSE (0)	CARDIA	rc	ARRE	ST					
				R AS A CONSEOU	ENCE OF							
	Conditions, if on		(b)_	0	NIC	NETR	T	DISEASE				
	gave rise to in	nmediate ing the	DUE TO OF	R AS A CONSEQU	ENCE OF							
	underlying caus	se last.	((c)	(LITTE OF							
	PART 2 OTHER SIG	GNIFICANTO	ONDITIONS CO	INTRIBUTING TO	DEATH BUT	NOT RELATED 1	O THE TERMI	INAL DISEASE OR CON	DITION GIVEN	V IN PART 11a		=
J	190 DATE OF OPER											
P	M 190 DATE OF OPER	ATION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?		WERE FINDIN		
<u>S</u>	RTIF	Leff-Lu	100					YES NO	YES		NO [
ì	OR COLUMNIA TO T		21b. TIME OF	FINJURY M. MONTH D	AY YEAR	21c. HOW INJ	JRY OCCURR	ED (ENTER NATURE OF INJUI	RY IN ITEM 18 PAR	T I OR PART 2)		_
	IF EITHER NOTIFY ME		P.A		19							
	LIF EITHER NOTIFY MEI 21d INJURY OCCU	RRED	21e PLACE C	OF INJURY		21f. LOCATION	1	CITY OR TO	WAI	COUNTY	STATE	
	WHILE NOT V	ORK ORK	(AT HOME STRI	EET FACTORY, OFFICE,	FARM EIC)	SINCE		CIN ON TO	****	(00)411	SIAIE	
	220.1 certify that (l) (this haspit	al) attended the	deceased from	12-	23	1986	to 14-2	19	860	that (I) (we) lo	ost
	saw the decea	sed alive an	view the body	ottor doub	56 , an	d that in (my) (our) apinion d	leath accurred an the do	ate and hour o			
	22h SIGNATURE	(did) (vid fior	New the oddy t	diter dediti.	1	DEGREE				22¢ DATE S	SIGNED	_
	Ste	ven	8.1	Nason	1	() AT PH	TENDING AYSICIAN	MEDICAL STAP	F IAN []	12/20	1/86	
ſ	22d PHYSICIAN'S N	JAME (TYPE OR	PRINT			22e ADDRESS		0			1	
	STEV	当りる	· MY	SON /	ON	9101	RANKE	IN SQ. DR	IVE B	HITMO	RE 212	137
-	230 BURIAL, CREMATION	, REMOVAL	23h DATE	23c	NAME OF C	EMETERY OR CR	EMATORY	23d LOCATION	10	1		é ′
	Burial		1-2-87	7 Ga	ardens	of Fai	th	Balto.	Bal	to.	Md.	
	A second									-	in Labor.	-

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

John C. Miller Inc.-6415 Belair Rd.-21206

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FOR

- STATE

DEC

DHMH - 16 60M 7/B4 (VRA 15, 4)

REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

REG. NO

20. DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

66

December 21, 1986

9 BALTIMORE CITY OR COUNTY OF DEATH

26 HOUR

8:10

IF UNGER 24 HRS

Maryland	USA	WIDOWE	D DIVORCED	County MD.	
Rossville	Frank]	HOSPITAL, NURSING HOME OF THE RECURITY, GIVE STREET ADDRESS) LIN Square Hos		12a USUAL OCCUPATIO FIYPE OF WORK FOR MOST OF V Data Manage	VORKING LIFE) INDUSTRY
Maryland	chome or other institution. COUNTY Harford	GIVE RESIDENCE BEFORE ADMISSION) 134, CITY OR TOWN FALLS TON	13d. INSIDE CITY LIMITS?	305 Terrys	yde Court 21047
Herman F	othert N	lewnan	15. MOTHER'S MAIDEN NAI FIRST Enma	virginia	Hesse
160 WAS DECEASED EVER II (YES, NO OR UNKNOWN) YES	U.S. ARMED FORCES? [IF YES, GIVE WAR OR DATES] WILL	166. SOCIAL SECURITY NO. 213-12-3335	John A. Newna	n, 417 Recko	21047 rd Road, Fallston, Md
PART I. DEATH WA	(Enter only ane cause per S CAUSED BY: MMEDIATE CAUSE [a]		FAILURE		APPROXIMATE INTERVAL BETWEEN ONSET AND OF ATH SYLARS
Conditions, if any, gave rise to imm cause (a), stating underlying cause	which (b)	R AS A CONSEQUENCE OF CIRCHOSIS			
PART 2. OTHER SIGN 19a DATE OF OPERATI		NTRIBUTING TO DEATH BUT			TION GIVEN IN PART 11a. 70b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
	USE OF DEATH HOUR A.	M. MONTH DAY YEAR	21c. HOW INJURY OCCUR		
(IF EITHER, NOTIFY MEDIC. 21d. INJURY OCCURRI WHILE NOT WHILE AT WORK AT WORK	E AT HOME, STR	OF INJURY EET, FACTORY, OFFICE, FARM, ETC.) Decemb	211 LOCATION STREET 86	CITY OR TOWN	N COUNTY STATE
22a.l certify that (4)(saw the deceased above, (1)(we) (di	this haspital) ottended the dolor of December	deceased from		, toDecembedeath occurred an the date	e and hour and fram the causes stated
27h SIGNATURE	A Jan	Luch		MEDICAL STAFF DIRECTOR PHYSICIA	22c. DATE SIGNED
	iamond, M.D.		9101 Frankli	· · · · · · · · · · · · · · · · · · ·	ve, 21237
236. BURIAL, CREMATION, R (SPECIFY) Burial 24. FUNERAL DIRECTOR	Dec . 23, 19		s Episcopal C		gdon Harford Md.
******	cComas III,A	oingdon, Md. 21		C 24 1986	Julia Divideon Raidall

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	1-								13)	5 5	7 0	7
120 pec	مما	REGISTRAR		WEI		MINER'S	CERTIFIC	CATEO					
I Z J UEC			FIRST		WIDDLE		LAST		20. DATE	KNOWN	MONTH	DAY YEAR	25 HOUR
ET RS ES.			THOMAS	5 1	FUGENE	NEW	MAN		DEATH	MATED [12-19	-869	M
코딩들으품	3. SE	X 4. RAC	E 5. D.	ATE OF BIRTH	6. AC	E IN YEARS IF	JNDER 1 YR.					DAY YEAR	2d. HOUR
SZES /	m	alo h		-			NTHS DAYS	HOURS	MIN. PRONOL	D INCED	12_10	_060	6:30
34× 15 -	76 B	IRTHPLACE (STATE OR			TAT COUNTRY?	I e	10		9. BALTI	MORE CITY C			10:50
HAND SEE		Md		USA		WIDO	WED	DIVORCE	□ Bal				MD
CESSE /	THE C	ITY OR TOWN OF DE					THER INSTITU	TION			OF WORK 12	KIND OF BU	ISINESS RY Manda
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002000					166. SOCIAL S	ECURITY NO.				ADDRESS			
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N N N		IR CAUSE OF DEA	TH (Enter only ane	couse per line	for (a), (b), and	(c).)						APPROXIMATI	E INTERVAL T AND DEATH
A THE SECOND		PARTIDEATHY		USE (9) C	arcinoma	of lu	ng with	n meta	stasıs t	o the	-		
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335 E 20	100	couse (a) statin	g the under-		AS A CONSEQU	ENCE OF					-12	-	1
PAKE N		lying cause last		(c)									
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A SECOND	NO												
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A HOUSE	14	UNDERLYING CONTRIBUTING	OR CAUSE OF DEATH										
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の内容が正の	¥	WHILE NOT	WHILE	STREET, FACT	ORY, FARM, ETC.)		STREET		CITY OR T	OWN	COUNT	Υ	STATE
E, WA													
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WE BE EN		death resulted from	n: Matural cau	uses 🔼 .	Accident .	Suicide L	」, Homic	ide L.	Undetermined n	nanner,			
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¥#5 ₹ ₽₩	1 /	SIGNATURE	value	DAMO 1	Mrs 22	JUL .	M.D. ASSI	Istant	MEDICAL EXA	MINER	SIGNED.	12-19-	86
AND SEE	1	EXAMINER'S NAME	V		- 7								
A SECOND		(TYPE OR PRINT)	Marc	The same of the same of		Control of the last of the las				eet			
EDSE49	23 a B	URIAL, CREMATION,						ORY	23d LOCATION	1 74=	COUNTY	ST	ATE .
BP		Burial	12/2	22/86	Garris	on Forest							Md
DHMH - 17	24.1	NAME		ADDRESS				25a. DATER		AR 25h REGI	STRAR'S SIG	NATURE	Ac.
(VR A15 ME (5))	Ma	rch Funeral	Home West	4300 Wat	oash Avenu	ie		UEU	23 1900	gulia	Denger	v. Karan	
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTE THE CERTIFICATE, WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE USE TO PROPER TIMENT OF PAGE 3 SHOULD BE USE TO PROPER TIMENT OF PAGE 3 SHOULD BE USE TO PROPER TIMENT OF PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF PAGE 3 SHOULD BE USE THE STATE DEPARTMENT OF PAGE 3 SHOULD BE USE THE STATE OF TH	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE DECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DEATH SECURE THE CERTIFICATE, WRITING THE WORD "PENDING". IS RECUTED THE CHAIR MEDICAL EXAMINER AND WITH FORW MAD 3. PETAIN PAGE 3. SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AND WITH FORW MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL ITRASTIT FERMIT PAGES 1 MAD 2. SHOULD BE FILED. WITHIN 72 HOURS AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HOSEN MAD 2. SHOULD BE FILED. A FIRE DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HOSEN MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. SHOULD BE USED AS A BURIAL TRANSIT FERMIT PAGE 3. MAD 3. PETAIN PAGE 3. PETAIN	TO CCASED NAME (TYPE OR PRINT) 3. SEX 4. RACC Malle 4. RA	THOMAS THOMAS	REGISTRAR REGISTRAR REGISTRAR THOMAS 3. SEX 4. RACE 5. DATE OF BIRTH DAY MONTH DA	THOMAS SEX A RACE POECASED NAME (1995 OR PRINT) 3. SEX 4. RACE DICK THOMAS BUGENE BUGENE 3. SEX 4. RACE DICK THOMAS BUGENE BUGENE BIRTHPLACE (STATE OR MODIT U.S. A BIRTHPLACE (STATE OR MODIT U.S. A U.S. COUNTRY W.S. CHIZEN OF WHAT COUNTRY? W.S. A U.S. COUNTRY U.S. A U.S. CHIZEN OF WHAT COUNTRY? U.S. A U.S. CHIZEN OF WHAT COUNTRY? W.S. A U.S. CHIZEN OF WHAT COUNTRY? U.S. A U.S. CHIZEN	THOMAS SUSPENSIONAL SECULTARIAN THOMAS SUGENE SUGENE SUGENE SUGENE SUGENE SUGENE SUGENE SUGENE SUG	THOMAS SUSPENDING 1 - STATE REGISTRAR REDICAL EXAMINER'S CERTIFIE REGISTRAR R	MEDICAL EXAMINER'S CERTIFICATE O LAT MODEL LAY THOMAS EUSENE NEWMAN THOMAS EUGENE THOMAS EUGENE NEWMAN THOMAS EUGENE NEWMAN THOMAS EUGENE THOMAS EUGENE NEWMAN THOMAS EUGENE THOMAS EUGENE THOMAS EUGENE NEWMAN THOMAS EUGENE THOMAS EUG	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH AMEDICAL EXAMINER'S CERTIFICATE OF DEATH THOMAS FUNDAM THOMAS THOMAS THOMAS FUNDAM THOMAS THOMAS THOMAS THOMAS THOMAS THOMAS THOMAS FUNDAM THOMAS THO	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH MATER CONTINUES AND	DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REO, NO DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REO, NO DEATH MARIE 190 DOING 190 DO	DEPARTMENT OF HEATTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REC. NO DEATH MARTIN DAY 1948 DEATH MA

STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

		REGISTRAR		***************************************			REG. NO).		
		CEASED NAME WILLE	MIE.	Ne	wsome	9	December	12-2	7-86 EAR	12:35pm
	3. SEX	Male	4 RACBlack	5 DAJES	nuary I	3-/	AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR	IF UNDER 34 HRS
	14	lale.	B	MONTH	DAY	YEAR 1910	76 7	6 YRS	ONTHS DAYS	HOURS MIN.
2	7a BII	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT C	OUNTRY? 8	NEVER MA		BALTIMORE CITY OF		OF DEATH	
7	_	Unk •	USA	WIDOWE	D DIV	ORCED	Balto.			MD.
0		atonsville	11. NAME OF HOSPITALINE FORES + H	aven Nursi	ng Home	40me	120 USUAL OCCUPATION OF CONTRACTOR OF CONTRA	WORKING LIFE	126 KIND O INDUSTRY	F BUSINESS OR
5	13a. S	AL RESIDENCE (IF NURSING HOME OF STATE 136 COUNTY)		DENCE BEFORE ADMISSION) Y OR TOWN	13d INSIDECIT	Y LIMITS?	315 Ingle		Avenue	21228
0		THER'S NAME FIRST Unknown	MIDDLE	LAST	IS MOTHER'S	RST			LAS	ı
1		VAS DECEASED EVER IN U.S. AR	MED FORCES? 16b SO	CIAL SECURITY NO.	17 INFORMAN	IT	ADDRE	SS	100	
		No		5-14-8235	Gerald	Smith	315 Ingle	side A	Avenue	21228
		Canditions, if any, which gave rise to immediate	DUE TO, OR AS AC	ve brat	The	Ces ce	las De	ila	BETWEEN	MATE INTERVAL PASET AND DEATH
	TION	cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (3 - 1	ITING TO DEATH BUT						
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FO	OR WHICH OPERATIO	N WAS PERFOR	MED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	, WERE FINDIN YING CAUSES	OF DEATH?
7		7 a ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA			21c HOW INJ	URY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJU		211 LOCATION	١	CITY OR TOV	VN	COUNTY	STATE
		270 I certify that (I) (this haspi saw the deceased alive on		19 86 , ar		, 19 7 8 aur) apınıan de	eath occurred on the do	te and havi	and fram the	
		22h SIGNATAL STORE	8606	91	PH PH	TENDING HYSICIAN	MEDICAL STAF	F AN 🗆	12-3	SIGNED 29-86
1		PHYSICIAN'S NAME (TYPE OF ACOL)	POS PRINT)	MD	72 ADDRESS	20	Park	Hei	flet	Tores
	1	BURIAL, CREMATION, REMOVAL SPECIFY) BURIAL	12-30-86	23c NAME OF C			23d LOCATION CITY OF TOWN BSLTimore	e City	, Md.	STATE
4		neral director arshall W. Jone	s,Jr. FH 41	Ol Edmonds	1229 on Ave.	JAN	REC'D. BY REGISTRAR 2	_	AR'S SIGNAT	

DHMH - 16 60M 7/8 (VRA 15, 4)

BP

IMPORTANT: If Hem 21 is marked as Hem-18 shows any injury, as other trau

3:21 - 5-21 10-2004 0 0 0 0 1.c Locusty 1 d 1 24 Lello. College office of a Erland Salve ore 2122

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STATE OF MARYLAND

29	FOR HATE III GISTRAR		DEPARTN		EALTH AND A		IENE O O	3	3	7	Links	i
	DECEASED NAME FIRST		MIDDLE	ı	AST		20. DATE OF DEATH	MONTH	DAY	YEAR	2b HOU	JR
119	Sophia Sophia		M	Ni			THE CALL	12/19/	/86		6:30) PM
1.5	itX	4 RACE		5. DATE C			6. AGE (IN YEARS LAST BI		IF UNDER	1 YEAR DAYS	IF UNDER	MIN.
	Female	Whi	ite	9	26	88	98		MONTHS	UATS	HOURS	MIN.
V	FIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	8 AAADDIE	D NEVER A	APPIED [9 BALTIMORE CITY	OR COUNTY	OF DE	ATH		
1	Md.	U	SA	WIDOWE		ORCED [Baltimor	e Cour	atv			MD
	CITY OR TOWN OF DEATH TOWSON	Valley	HOSPITAL, NURSIN H FACILITY, GIVE STREET A 7 View Nui	rsing		ITUTION	Hönenaker Hönenaker	ION OF WORKING LIF	12b. K	CIND OF USTRY	F BUSINE	ESS OR
130			I3c. CITY OR TOWN TOWSON	N	13d. INSIDE C	NO [X]	13e.STREET ADDRESS 8328 Car			ir.	2120	04
14.1	FATHER'S NAME George	MIDDLE	Winter	s		MAIDENNA/ atheri		Sc	haef	er		
160	WAS DECEASED EVER IN U.S. AR		166 SOCIAL SECU	RITY NO.	17 INFORMA	NT	ADDR	ESS			111	
	(YES, NO OR UNKNOWN) (IF YES, GIV	VE WAR OR DATES)	214-74-	1154	Marga	ret N.	Holtz	Same				
NO	Canditions, if any, which gave rise to immediate cause (a1, stating the underlying cause lost. PART 2 OTHER SIGNIFICANT	(b) DUE TO, O	R AS A CONSEQUE	ENCE OF	NOT RELATED	TO THE TERM	INAL DISEASE OR CON	4DITION GIV	/EN IN P	ARI I o		
CERTIFICATION	90 DATE OF OPERATION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFO	RMED	200 AUTOPSY?	20b. IF YES IN CERTIF YE	FYING C	FINDIN	OF DEAT	TH2
MEDICAL CER	OR COLUMN THE CALLES OF DE	HOUR A. R) P. 21e. PLACE	M. MONTH DA M.	19	211 LOCATIO		RED (ENTER NATURGOF IN)		PART I OR F			STATE
1	RK NOT WHILE					1 01	101					
	22a. I certify that (I) (this hope saw the deceased alive or above, (I) (we) (did) (did no	121	9 / 19	86,01	nd that in (my)	(our) opinion of	death occurred on the o	lote and hou	19 8 6		that (1) (s causes sta	
	27b. SIGNATURE	grivi	wong.		F	TTENDING PHYSICIAN	MEDICAL STA		1220	DATE S	SIGNED ZO	180
	VWWG	NEI	DYEN		633	1 Be	lair Rd	Bal	to.	21	20	6
230	BURIAL, CREMATION, REMOVAL (SPECIFY) Burial				more Ce		23d LOCATION CITY OR TOWN Baltin	more,	COUNTY Md.	Y	5	STATE

Mitchell-Wiedefeld Home 6500 York Rd.

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84 (VRA 15, 4)



			FOR		DEPARTM		EALTH AND MENTAL HY	GIENE ×	3	3 4	1 2
12870	2 DEC		STATE REGISTRAR				ICATE OF DEATH		REG. NO.	0	
9 8	u de		TEASED NAME CLA	IRE	MIDDLE	NOF	AST	20. DATE OF DE	ATH MONTH I	19-86	26 HOUR 3:
may.	o e	3. SE)		4 RACE		S. DATE C		6. AGE (IN YEARS	LAST BIRTHDAY)	IF UNDER I YEAR	
ector	0	F	EMALE	WHI	TE	JUL	Y 10, 1904		82 YRS	ONTHS DAYS	HOURS MIN.
2 1	00	lo BII	RTHPLACE (STATE OR FOREIGN OUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	D NEVER MARRIED X	9 BALTIMORE	CITY OR COUNTY	OF DEATH	
	7./	E	NGLAND		SA	WIDOWE	DIVORCED	BF	ALTIMORE (COUNTY	MD
10	25		ANDALLSTOWN	HE NOT IN SU	HOSPITAL, NURSING THE FACILITY, GIVE STREET A COUNT	ADDRESS)	HOSP.	120 USUAL OC	CUPATION R MOST OF WORKING LIFE -EMPLOYED	INDUSTRY	OF BUSINESS OR UTICIAN
2 20 2	250	130 S	L RESIDENCE (IF NURSING TAKE)		GIVE RESIDENCE BEFORE		13d INSIDE CITY LIMITS?	130 STREET ADD	ORESS / ZIP CODE	AP	T. A-3
AND n 24 fille	(2)	M	ARYLAND —		BALTIMO		YES X NO	5901	DOVERDALI	E DR.	#21215
RYL.	DA	M FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER'S MAIDEN N	A	NIDDIE	L	AST
mpl ted	300	/	UNKNOWN		NOAH			UN	IKNOWN		
xecu	dicol		AS DECEASED EVER IN U.S. A ES, NO OR MIKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL SECU		17 INFORMANT	ALLAN F			PT. 710
BALTIMOR	- medi		110		097-24-3	424	11 SLADE	AVE.	BALTO		21215
BAL cote	oper oval.		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	nly one cause pe			1			BETWEEN	XIMATE INTERVAL ONSET AND DEATH
ST.,	ever			ATE CAUSE (a)	CAR	9:0	RESPIRAT	any to	PRIST		
o the	oord notic	M		DUE TO, C	R AS A CONSEQUE	NCE OF	o. To hour	A. A.	- INFA	2000	
REST dec	ation frour		Canditians, if any, which	(b)		/10	uce mye	CARBIA	_ /NTA	celo	
W. P	crem		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUE	NCE OF	,				
201 W. PRESTON Es that the death of	or o			(c)							
	a bu	Z	PART 2 OTHER SIGNIFICANT	_	ONTRIBUTING TO E	EATH BUT	NOT RELATED TO THE TER			EN IN PART 1	(a)
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir catending physician. Vier this certificate has been sig	prior t	CERTIFICATION	190 DATE OF OPERATION		ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPS		, WERE FIND	INGS USED
e lov		IFIC							IN CERTIF	YING CAUSE	S OF DEATH?
ITA Sicio	Hygiene Hygiene 18 shows	CERT	210. ACCIDENT WAS UNDERLYING				21c. HOW INJURY OCCU				
OF VIT CIAN: physic rtrficate	tol H		OR CONTRIBUTING CAUSE OF DE		.M. MONTH DA .M.	Y YEAR	1107-4-2519				
SION OF VI PHYSICIAN. ending phys this certifica	Mer he	MEDICAL	21d. INJURY OCCURRED	210. PLACE	OF INJURY	1530	211 LOCATION		ITY OR TOWN	COUNTY	STATE
VISI O Pt	and	W	WHILE NOT WHILE	(AT HOME, ST	REET, FACTORY, OFFICE, F.	ARM, ETC)	STREET		IIY OR TOWN	COUNTY	STATE
P P P	mor mor		220.1 certify that (1) (this has	oital) attended tl	ne, deceased from _	120	13 196		2-19	1986	, that (1) (we) last
TTEN	of Ho		saw the deceased alive a abave, (1) (we) (did) (did n	n /7/	dia death 196	Le , 01	nd that in (my) (aur) apınia	n death accurred a	n the date and have	and fram the	e causes stated
R A has	hed tept.		226 SIGNATURE	J.	A STEEL GEGINI.		DEGREE			22c. DAT	E SIGNED
the the	ate D		C	Dun			ATTENDING PHYSICIAN	MEDICAL DIRECTOR	STAFF PHYSICIAN	1/2	-19-86
SPIT, d by NER,	TAN TAN		22d. PHYSICIAN'S NAME (TYPE				22e ADDRESS	2			()
TO HOSPI	should be de with the Stat		OPLANDO B-	CONAN	chou /	up.	13664-	RANDAK	Stown	hed.	2/133
5 ge 5	# 3 ≥1		URIAL, CREMATION, REMOVA	L 23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATIO		eouse.	
BP		(BURIAL	DEC.21	,1986	BAL	TIMORE HEBRE	C11. OII.	BALTIMORE	COUNTY	MARYLAND
DHMH - 16	60M 7/B4	24 FL		LEVINSON	& BROS,	INC.			ISTRAR 256 REGIST		•
(VRA			6010 REISTERST	OWN RD.	BALTO.,	MD	21215	C 3 0 198	DO Julia	Davidson	Randale

	FOR		DEPARTMENT OF	HEALTH AND ME	NTAL HYGIENE	0 3	3 4 1 3
	REGISTRAR	ME	DICAL EXAMIN	IER'S CERTIFIC	ATE OF DEAT	H REG. NO.	/
Z.Carlan -	, DECEMOED INVITE		NOHE	LAST	20	DATE KNOWN FT M	ONTH DAY YEAR 26. HOUSE
N STREET	SEX FEMALE WHI		1 90 0 AGE (IN YE	ARS IF UNDER 1 YR. II	F UNDER 24 HRS. 2c.	DATE	NTH DAY YEAR 2d HOUR
AND STATE OF THE PARTY OF THE P	70 BIRTHPLACE (STATE OR FOREIGN COUNTRY) Maryland				ER MARRIED		OUNTY OF DEATH
PAGE 5	Towson	II. NAME OF HO	SPITAL, NURSING HOM	OR OTHER INSTITUTI	ON 120 USUAI	OCCUPATION LTYPE OF V	
ANY DE			13c. Par KWT	Lle 13d INSIDE CITY			Rd • 21234
SS1.2.	14. FATHER'S NAME FIRST Jacob	MIDGLE	Nohe	FIR	Mary	MIDDLE Hie	ertitter
AFTER I						Records	
NAME OF THE PARTY	PART I DEATH WAS	CAUSED BY:	(a), (b), and (c).)	es So	Imono	y Amas	APPROXIMATE INTERVAL PREWEEN ONSET INDIPERTM
OCI IIIN NEBALI AN ALTERNATION REMINE		which	AS A CONSEQUENCE	of red B	+ /4/	B	15 Does
CUTED W IN PEN EXAMI IRIAL - TR VD MEN ION, OF	lying cause last.	(c)	Don	ere (100	5	5tyles
BE EXECUTION OF SECULAR AS A BUTH AN CREMAT							
RD "I	190 DATE OF OPERATION	-86	Fran	RATION WAS PERFORM	Heb	(B)	20 AUTOPSY? YES \(\square\) NO \(\sqrtare\)
THE VALUE OF THE VALUE OF TO THE VALUE OF T		ISE OF DEATH	A NOV 2510 8		Loc G	som of	NersingHora
WRITIN WARDED WARE 3 S TATE DEI	WHILE NOT WH	STREET, EACH		Stella	Maris Hos	ITY ONOWN	county Baltale
MINER: FICATE BE FOR: ECTOR: TH THE S	220. I certify that I too death resulted fram.	k charge af the remains de	r's				my apinian
TAL EXA THE CERT HOULD RAL DIRI ATH, WHE RE, MAR	ACTUAL SIGNATURE	Lachest	non	A STATE OF THE STA		AL EXAMINER S	DATE 1722/86
XECUTE AGE 4 S O FUNE							
BP		236 DATE /10	/86 Most				
DHMH - 17 (VR A15 ME (5)) 20M 4/82	NAME	EL OF MEMO	RIES, PARI				
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD B EXECUTE THE CERTIFICATE, WRITING THE WORD "PEN PAGE 4 SHOULD BE FORWARDED TO THE CHIEF ME PAGE 4 SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPAGRAME HEAL SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPAGRAME HEAL SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPAGRAME HEAL SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPAGRAME HEAL SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPAGRAME HEAL SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPAGRAME HEAL SHOULD BE USED AS AFTER DEATH, WITH THE STATE DEPAGRAME HEAL SHOULD BE USED AS AFTER DEATH.	TO EXECUTE THE CERTIFICATE STATE REGISTRAR TO EXECUTE THE REGISTRAR TO EXECUTE THE CERTIFICATE STATE OR FRANCE SECUTE THE CERTIFICATE STATE OR FRANCE TO BIRTHPLACE (STATE OR FRANCE) TO BIRTHPL	TO STATE REGISTRAR I DECEASED NAME I RACE I RAC	TO ECCASED NAME TO ECA	DECEMBER ANAME RECISTRAR DECEMBER ANAME CITY COPPORT FRANCES S. DATE OF BIRTH CONCENTRATE STATE OF BIRTH CON	TOURS ON DETAIL OF TOWN OF DEATH TOWN TOWN OF DEATH TOWN TOWN OF DEATH TOWN TOWN OF DEATH TOWN OF T	POST STATE RECISTOR NAME IRRID POST POS

STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

					REG. NC).				
1. DECEASED NAME FIRST	MIDDLE		LAST		20. DATE OF DEATH	MONTH	DAY YEA	R	26 HOUR	
Andr	ew William	1	NOLL		December 5,	1986	,		12:33	рм
3. SEX	4 RACE	S. DATE (6 AGE (IN YEARS LAST BIRT	HDAY	MONTHS D		IF UNDER 24	
Male	White	8		99	87	YRS	MONTHS D	A15	HOURS	MIN.
TO BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8	D NEVER MARRIE		9. BALTIMORE CITY OF	COUNT	OF DEATH	н		
Pennsylvania	U. S. A.	WIDOWI			Baltimore	Count	V			_MD
CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	SING HOME		N	120 USUAL OCCUPATA	N	12b KIN		BUSINES	_
Essex	Franklin Squar		ital		Steel Work			Ste	eel	
ISUAL RESIDENCE (IF NURSING HOME 136 STATE 13b. CO		NWO	13d. INSIDE CITY LIMI		STREET ADDRESS /			2	21234	
14 FATHER'S NAME	7,17,10		15 MOTHER'S MAIDE	-			L OOIL	2001		
Mandus	MIDDLE NOIL		Mary		WIDDLE			SC	choaf	
	ARMED FORCES? 166 SOCIAL SE	CURITY NO.	17 INFORMANT		ADDRE:	SS		- 6	21234	
(YES, NO OR UNKNOWN) (IF YES,	210-03-	-57773	Judith Cr	amei	10015Near	brook	Lane	Ba	alt	MD.
18 CAUSE OF DEATH (Enter	only one couse per line for (a) (b)	and (c)							MATE INTERV	_
	only one couse per line for (a), (b), SED BY: ATE CAUSE (a) CARD	120111	mourey	,	ARREST		00149	1	mi	11
IMMEDI			2. 201011-1		77-1-1-1-1	1.75			, , , , ,	
Canditions, if any, which	DUE TO, OR AS A CONSEC		LEROSIS					41.	25	
gave rise to immediate cause (a), stating the)		00031							
underlying cause lost.	DUE TO, OR AS A CONSEG	QUENCE OF					180			
DART 2 OTHER CYCAHEV AND	(c)T CONDITIONS CONTRIBUTING TO	O DE ATH BUT	ALOZ DEL ATED TO THE	TEDAN	NAME OF THE ORDER			- 1		
	CONDITIONS CONTRIBUTING I	O DEATH BUT	NOT KELATED TO THE	ETEKMI	INAL DISEASE OF CONL	DITION GI	EN IN PAR	11 110		
NO 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHIC	CH OPERATIO	N WAS PERFORMED		20a AUTOPSY?	20b. IF YE	S, WERE FIN	NDIN	GS USED	
					WEG TO NOTE		FYING CAU	JSES		?
716. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY		121c HOW IN JURY O	CCURR	ED (ENTER NATURE OF INJUR		S OR BARI	7.2)	NO 🗌	_
OD CONTRIBUTION CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR		CCOM	ED (ENIEW MATORE OF MATOR	, nenther is	ART TORFAR	61		
(IF EITHER NOTIFY MEDICAL EXAMIN	P.M. 21e PLACE OF INJURY	19	211. LOCATION							
WHILE NOT WHILE	(AT HOME STREET, FACTORY, OFFIC	E, FARM, ETC)	STREET STREET		CITY OR TOW	VN.	COUNTY	1	STA	TE
AT WORK AT WORK				-			- C	,		
	pital) attended the deceased from		NOV 19_	84	10DE	4	19 06		hat (we	
	not yiew the body after death.	00,0	nd that in my (aur) ap	oinian d	leath occurred an the da	te and hau	r and from	the c	ouses state	ed
22b. SIGNATURE	11101	1	DEGREE				22c. D.	ATE S	IGNED	
Mahan	1 6 1511111	1	MA ATTENDI		MEDICAL STAF		5	DA	50 8	6

DHMH - 16 60M 7/84 (VRA 15, 4)

MPORTANT: If he

23a BURIAL, CREMATION, REMOVAL 23b. DATE (SPECIFY) Burial 12-9-86

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

23c NAME OF CEMETERY OR CREMATORY

22e ADDRESS

West Miffilin, Allegheny, TA.

24 FUNERAL DIRECTOR MARZULIO FULENL SERVICE UPPERCO, MD

Richard W. Bittrick, M.D.

8100 Harford Road

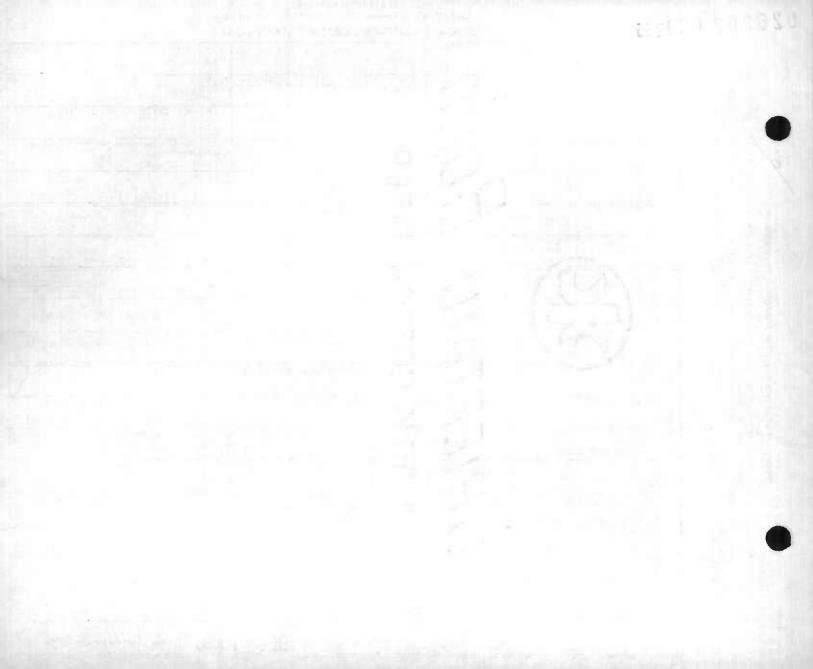
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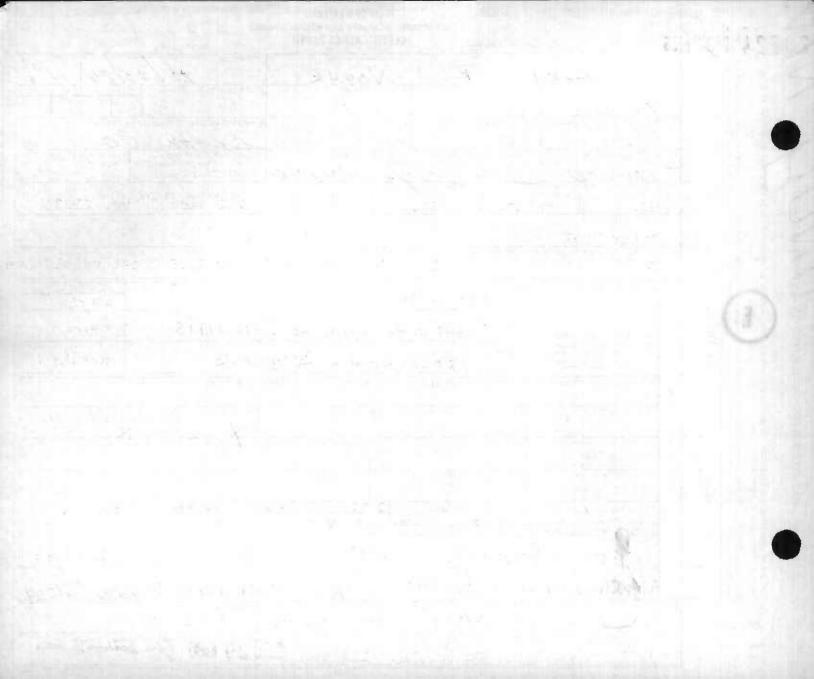
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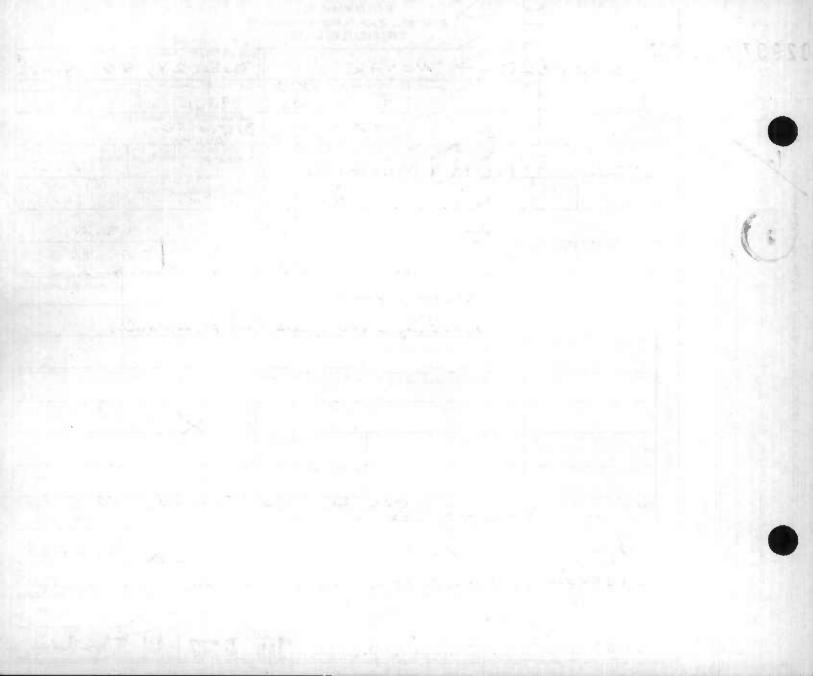
F 127					E OF MARYLAND			et		
902 DEC	1-STATE		DEP	ARTMENT OF H	EALTH AND MEN	ITAL HYGIENE	6	3 3	4	Line Line
UZ UEL	REGIT	AR	MEDIC	AL EXAMIN	ER'S CERTIFICA	ATE OF DEATH	H REG. N	0		
100	1. DECEASED		MIDE	DLE	LAST	20	DATE KNOWN		AY YEAR	2b. HOUR
	(TYPE OR PRINT)					OF ESTI-	4.0	8 19 86	28. 1100K
		Frank		.exander	Norton		DEATH MATED X			M
	1. 5EX	4. RACE	5. DATE OF BIRTH	AGE (IN YEA		UNDER 24 HRS. 26.	DATE	MONTH D.	AY YEAR	2d. HOUR
4	Male	White	Feb. 19 19	11 75 YR	MUNITIS DATS	OURS MIN. PRO	DEAD	12	8 19 86	4:30P
0	7a. BIRTHPLA		76. CITIZEN OF WHAT C		1	9. E	ALTIMORE CITY	OR COUNTY O		701
	YOMERON CO		- 5 - 6		MARRIED NEVER					
	Geo	DEATH	USA		4, 4,	DIVORCED I	Baltimore	County	VID 05 5115	MD.
	In CHY OR I	JWN OF DEATH	11. NAME OF HOSPITAL		OR OTHER INSTITUTIO	FOR MOST	OCCUPATION (TYL	PE OF WORK	OR INDUSTR	INESS
9	Es	sex	795 Plati	num Avenu	e (in yard) Rot	ired-Bel	h Sta	-1	
12	STATE		OR OTHER INSTITUTION, GIVE RESI	DENCE BEFORE ADMISSIO	N)					
20	128	136 COUN	The second secon	CITY OR TOWN	acres.	LIMITS? 13e STREET			07.0	
4	Mary	rland Ba	ilto. I	cssex			Platin	ım Ave	. 212	21
2	PRE		MIDDLE	LAST	15. MOTHER'S	MAIDEN NAME	WIDDLE		LAST	
(F	eddie	н	Norton	Bess	sie		Wr	ight	
	160. WAS DEC	EASED EVER IN U.S. AR	MED FORCES? 166 WAR OR DATES)	SOCIAL SECURITY	NO. 17. INFORMAL	NT	ADDRES:	S		
		(11 163, 6776		213-07-4	300 Linda	Tonnou	2 White	anch C	+ 21	220
1	III. CA	USE OF DEATH /Enter or	nly one couse per line for (c		2001 PTHUE	renney	ZWILLE		APPROXIMATE	NTERVAL
-	PA	TIDEATH WAS CALISE	D RY.				2.		ETWEEN ONSET	AND DEATH
		IMMEDIA	TE CAUSE (o) Hyper			Terofic ca	ardlovasc	ular di	sease	
REMOVAL		Spare of the Land		CONSEQUENCE)F					
2個		ditions, if any, which we rise to immediate								
5		use (a) stating the <u>under</u> ing cause last.	DUE TO, OR AS A	CONSEQUENCE C	F					
- 1	12	ig couse lost.	(c)							
	PART 2 0	THEB SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMI	NAL DISEASE OR CONDITION GI	IVEN IN PART 1 in				
	the second second									
7	19a. DA	TE OF OPERATION	TIBL CONDITION	EOD WHICH OPED	TION WAS PERFORME	ID2		In	AUTOPSY?	
1	2	TE OF CITEMPROT	178. CONDITION	TOR WITHEIT OF ERA	TION WAS PERIORME	.0:		4	AUTOPSY?	
4	Ē	-082							YES X	NO 🗌
5		TERNAL CAUSE WAS	HOUR A.M. MO	RY NTH DAY YEAR	PIC HOW INJURY OF	CCURRED LENTER NATU	IRE OF INJURY IN ITEM 18	PART T OR PART 2)		
5	CONTI	LYING OR		19						
		URY OCCURRED	21e PLACE OF IN.	JURY (AT HOME,	211. LOCATION	Action 1981				
	WHILE	ORK NOT WHILE	STREET, FACTORY, FA	ARM, ETC.)	STREET	Cr	TY OR TOWN	COUNTY		STATE
	AIWO	AT WORK								
	220	I certify that I took chare	ge of the remains described	d abave, held an	Autopsy XX Ir	nspection . I	Inquiry . or	nd in my opinio	n	
	death	resulted from: Natu	rol couses 🛴 , Accid	dent . Suit	ide . Homicide	Undeterm	ined manner			
				,	TITLE (SPEC					
	ACTUA	1 71	-/-		,			DATE	12/0	106
5	SIGNA	TURE	-		M.D. ASSIS	tant MEDICA	LEXAMINER	SIGNED_	12/8	180
2	EXAMI	NER'S NAME TATE 11	iam M. Zane,	M D	the same of	111 Penn S	2+ Pa1+	o.MD.		
1	(TYPE C	OR PRINT)						O.MD.		
	23a. BURIAL, C	REMATION, REMOVAL	23b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d LOCA	TION	COUNTY	STA	TE
		Burial	12/12/86	HollyHi	11Cemeter		dleRive		0	vland
	24 FUNERAL	DIRECTOR	22/22/00		250	DATE REC'D. BY REC	GISTRAR 256 REG	ISTRAR'S SIGN	ATURE	T-MAIL
5))		. 1 1 17	ADDRESS	12227	21221	DEC 1 1 19	186 Julia	Davidson.	Kandaes	
1-77	Conn	ellyfunera	alHome 300M	raceave.	41441	PEOTIV	J. J.			



	1				STATE	OF MARYLAND		40	es =9	1
2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1.	FOR STATE		DEPART		ALTH AND MENTAL	HYGIENE	3 0	5 5 7	1 0
28624 DEC/3	Jb	REGISTRAR Anna	R. Nov	vak	CERTIFI	CATE OF DEATH		REG. NO.		
m 5		CEASED NAME FIRST		MIDDLE	LA	st	20. DATE C	FDEATH MONTH	DAY EAR 2b.	HOUR 57
by be		Anni	7	R.	N	OVAK		1210	23/86	11 AM
mo .	3. SE	×	4. RACE		5. DATE OF	BIRTH	6. AGE (IN	YEARS LAST BIRTHDAY)		UNDER 24 HRS
cto s of		remale	Cauc		7	4/04	82	YRS.		I I I
2 310		RTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8 AAADDIED	☐ NEVER MARRIED	9 BALTIMO	RE CITY OR COUNT	TY OF DEATH	
# St. /# /		Poland	USA		WIDOWED		i B	Mis,	00	MD.
	10. C	ITY OR TOWN OF DEATH		HOSPITAL NURSIN	NG HOME OF	OTHER INSTITUTION	IIv. USUAL	OCCUPATION IN FOR MOST OF WORLING	176 KIND OF BU	ISINESS OR
	-	10WSON	54	Sas	201	Alberit	Hous	sewife .	UNI PADUSTRY	
212	JUSU.	AL RESIDENCE OF HURSING HOME OF	DTHER INSTITUTION	OWN RELIDENCE REFOR					_	
OZ ZZ SON	100	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	alto.	Balto		YES TO NOX	271	ADDRESS / ZIP COIL	Ave. 212	234
YIA I	14. F	ATHER'S NAME				S MOTHER'S MAIDEN				
AA 1 10 10 10 10 10 10 10 10 10 10 10 10 1		Peter Krol	WIDDLE	CASE		Agnes Y	amka	MIDDLE	RAI	
A 1 85 1	Thu.	WAS DECEASED EVER IN U.S. AR	MED FORCES?	THE SOCIAL SECU	RITY NO.	IT INFORMANT		ADDRESS		
MOR Band Band			E WAR OR DATES!	212-10-		Dorothy	Kelley	7,3905 Ch	nesterfic	eld Ave
1 66 4		TO SEC. 1	4.74	To a factor of the control of the co				21213	APPROXIMATI	
8		FART I. DEATH WAS CAUSE		SEPTICE	MIA			21213	THE EN ONSE	F AND DEATH
TS / E S S S S S S S S S S S S S S S S S		IMMEDIA	re CAUSE (a)			,			1 4 4/3	
0 4 1 9 40		C Fe d	DUE TO, 9	RAS A CONSEQUI	FACE OF A	L/FACIAL	(FUV	LITIS	(Dy)	
PRESTON		Canditions, if any, which gave rise to immediate	(b)_		01111				/ /	. ~
W.P		cause (a), stating the underlying cause last	DUE TO, O	R AS A CONSEQUI	ENCE OF F	MIC SYI	MROM	3	mont	hy!
201 s the ed b oleo: rrol,		DARK 2 OTHER CICALISIS AND	, (6)							
asign sign ben o bu	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS	ON I KIBUTING TO	DEATH BUT P	OT RELATED TO THE T	EKMINAL DISEA	SE OR CONDITION G	IVEN IN PART TO	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir offending physicion. After this certificate has been signs the buriol-tronsit permit. Then thand Mental Hygiene prior to be thand Mental Hygiene prior to be acked or them 18 shows any injury	CERTIFICATION	19a DATE OF OPERATION	10h COND	ITION FOR WHICH	OPERATION	WAS PERFORMED	20a AUT	OPSY? ZRE JEY	ES, WERE FINDINGS	LISED
REG	FIC	THE DATE OF CHERTION	174	anow rok writer	OFERANOR	WASTERI ORMED	ve Arth	IN CERT	TIFYING CAUSES OF	DEATH?
VITAL N: The hysicio hysicio hysicio hysicio hygie hygie	ERT	210. ACCIDENT WAS UNDERLYING	7 21b. TIME C	OF IN IURY		21c. HOW INJURY OC	CLIRRED (SAREA	_		10 🗆
Phys phys phys phys phys phys m 18 m 18		OR CONTRIBUTING CAUSE OF DE	HOUR A	M. MONTH D.			COMMED TEMPERA	MICKE OF INJOHI IN HEM TO	S TART I ORTARIES	
NO N	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE)		.M. OF INJURY	19	211. LOCATION				
PH tend the band / band / bed o	ME	WHILE NOT WHILE		REET, FACTORY, OFFICE, I	FARM, ETC)	STREET		CITY OR TOWN	COUNTY	STATE
DIV Oil Oil Oil Oil Oil Oil Oil Oil Oil Oil	-	AT WORK	. 15 1 1.1		10-	22 10	86 to	12-23	9/	
FEND POR. Hess		22a. I certify that (this hosp saw the deceased alive an	4	e deceased from _ 19		that in (Not) (aur) apir			, 19 86 , that	(we) lost
ATT ospi od fo of. of		obove / N/we) (did) (did)		atter death		EGREE	nan acam accom	on me date and m	22¢ DATE SIG	
OR Per H		Mounical	Dul	1Xx	AA	ATTENDIN	G MEDICAL	STAFF	12-2-	h.
by the derivative of the deriv		22d PHYSICIAN'S NAME (TYPE O	STUL I	14 y	100	PHYSICIA.	N DIRECTOR	- PHYSICIAN	12-6	100
OSP OSP The SATA		MARRICERFU	PLANG	To M)	D/ 23	VINOV	PAID TO	uses M	0
TO HOSPIT. TO FUNER. Should be with the Sic		MAKINDIA	RVV IV Y	OIC IV		1620	YUKK	FUAD 10	WSON &	11204
H 2 11 11 1	23a.	BURIAL, CREMATION, REMOVAL				METERY OR CREMATO			COUNTY	STATE
BP		Burial				od Cemete	_	Balto.,M		
DHMH - 16 60M 7/84	24. F	schimunek Fu	neral	Home, I	nc.		DEC 29	REGISTRAR 25b REGI	STRADISHIGHATURE	does :
(VRA 15, 4)		3331 Brehms	Lane,	Balto.,	Md.	21213	0000	1000		



	,	FOR STATE		DE	DARTMENT OF	E OF MARYLA		IENE 5 5	3 3	911
20378 INI -	2.0	REGISTRAR		WIDDIE		ICATE OF D	EATH	REG. NO.		
poge 3		GEASED NAME OR PRINT) LEO	POLE		NOVA			Dec. 2	8, 86	26 HOUR A 8:45 M
moy r. pag	3. SE		4 RACE		5. DATE (1896	6 AGE (IN YEARS LAST BIRTHO		AR IF UNDER 24 HRS
oge 4		Males	· ·	uhite	8	02	19896	92415	YRS	5 HOURS MIN.
O P P S	I	RTHPLACE (STATE OR FO COUNTRY) LLINOIS		EN OF WHAT COU	WIDOW		VORCED	BALTIMORE CITY OR		MD.
100	R	ANDALLSTOWN	(IF NO	ME OF HOSPITAL, IN DIT IN SUCH FACILITY, GIV 1814 MOIL	Co. General	Hospitz	NOITUTION	170. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W BROKER	VORKING LIFE) 125 KIND INDUSTR IN	O OF BUSINESS OR
AND	13a. S	AL RESIDENCE (IF NURSINGTATE RYLAND	IG HOME OR OTHER INS 13th COUNTY	13c. CITY O	E BEFORE ADMISSION)	13d. INSIDE C	ITY LIMITS?	13. STREET ADDRESS / 7	AP HTS. AVE.	#21215
IS ZIN	14. F/	ISAAC	WIDDLE	NOVAK'	AST	15 MOTHER'S	MAIDEN NAM	AE MIDDLE	Inunic	LASI
1 31 11 1000	160. V	VAS DECEASED EVER II	N U.S. ARMED FOR		L SECURITY NO.	17. INFORMA	NIT	ADDRESS	UNKNO	
Now Park	- (YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR E	PATES)	32-7112		PARK I	MRS. GERÎRUDÎ		T.119
DIVISION OF VITAL RECORDS, 201 W. PRESTON S NG PHYSICIAN: The low requires that the death cer title this certificate has been signed by the ottending os the burial-transit permit. Then please remove carbo th and Mental Hygene prior to burial, cremation, or re and dential B shows ony injury, or other troumatic a	CERTIFICATION	Conditions, if ony, gove rise to imm couse (0), stoting underlying couse	which ediote the lost DUE	TO, OR AS A CON (b) M 2 n TO, OR AS A CON	ISEQUENCE OF			NAL DISEASE OR CONDIT	TION GIVEN IN PART 206. IF YES, WERE FINE N CERTIFYING CAUS YES	DINGS USED
VITA hysica ficore rronsid Hygish 18 sh		210. ACCIDENT WAS UNDE		TIME OF INJURY	'H DAY YEAR	N HOW IN	JURY OCCURR	ED (ENTER NATURE OF INJURY		
DIVISION OF OR PHYSICIA or offending plater this certific os the buriol-th and Mentol	MEDICAL	(IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURRE WHILE NOT WHIL AT WORK	D 21e.	P.M. PLACE OF INJURY IOME STREET, FACTORY,	19	211. LOCATIO STREET	N	CITY OR TOWN	4 COUNTY	STATE
to RATTENDI the hospitol or		270. I certify that (I) (sow the receased above, (I) (we) (di 27b. SIGNATURE	d olive on d) (did nat) view th	e body alter death	19_86,0	nd that in (my) DEGREE		depth occurred on the date		
TO HOSPITAL TO FUNERAL should be deter with the Store		22d PHYSICIAN'S NAM		URMOT	ABBE	22e. ADDRES	PHYSICIAN E		12- 3-m. 40	-2 8-86 ospital
BP		BURIAL, CREMATION, R		/29/86	PALTIMO			BALTIMORE	, MD. COUNTY	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		UNERAL DIRECTOR 6010 REISTE	SOL LEVI ERSTOWN R	NSON & BF D. BALTÎ	ROS. IMORE, MI	. (21215	250 DAIR	REC'D BY REGISTRAR 25		ATURE Randaria



with injury, or other traumatic event, the medical

MPORTANT: If them: 21 is morked or Iten 78

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

100	Sec.
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REGISTRAR XC 03	0/128//		CERTIF	ICATE OF DEATH	REG. NO).		
1 DECEASED NAME FIRST FRANK		AIDDLE NOWAL		AST	DECEMBER 28	MONTH DA		26 HOUR 1:32A M
3 SEX	4 RACE		5. DATE C		6. AGE (IN YEARS LAST BIRT		F UNDER I YEAR	
MALE	WHIT	E.	JULY	30, 1920 YEAR	66	YRS.	ONTHS DATS	HOURS MIN,
TO BIRTHPLACE STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
MARYLAND	U.S	.A.	WIDOWE		BALTIMORI	E COU	NTY	MD.
10 CITY OR TOWN OF DEATH	11. NAME OF H	HOSPITAL, NU	RSING HOME C	OR OTHER INSTITUTION	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST O		Sheet	OF RUST OR
FORT HOWARD	V.A. M	EDICAL	CENTER		FOREMAN		Indus	
USUAL RESIDENCE (IF NURSING HOM 130. STATE 136 C	AE OR OTHER INSTITUTION OUNTY	13c. CITY OR T		13d INSIDE CITY LIMITS?	13e STREET ADDRESS			1-1-1-1
	ALTIMORE	Esse:	X	YES NO X	2222 MONO	CACY R	OAD/21	.221
14 FATHER'S NAME FIRST VINCENT	WIDDIE	NOWAK	OWSKI	15 MOTHER'S MAIDEN NA/ FIRST MARY	WE		Gabo	st rek
160 WAS DECEASED EVER IN U.S.		16h SOCIAL S		17 INFORMANT	ADDRE	2222 N		ey Road
	GIVE WAR OR DATES)	213 03	6619	Margaret M.	Nowakowski	Balto.	Md.	21221
18 CAUSE OF DEATH (Enter PART I. DEATH WAS CA	er anly one couse per					Mark Co	APPROX BETWEEN	ONSET AND DEATH
	DIATE CAUSE (0)	CARDIO	PULMON	ARY ARREST			15 M	INUTES
1/4	DUE TO, OI	R AS A CONSE	QUENCE OF	DOMEO WOLDE D				
Conditions, if any, which		ARTERI	OLOSCLE	ROTIC HEART D	LSEASE			
couse (a), stating the	DUE TO, OI	R AS A CONSE	OUENCE OF	***			1989	
	(c)							
				OSTEOMYELITIS		ITION GIVE	N IN PART 11	0
PARKINSON 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING				N WAS PERFORMED	20a AUTOPSY?			NGS USED S OF DEATH?
210. ACCIDENT WAS UNDERLYING				21c HOW INJURY OCCUR				
	DEATH		DAY YEAR					
OR CONTRIBUTING CAUSE OF CAU	21e PLACE	OF INJURY		21f LOCATION	CITY OR TO	A/8-1	COUNTY	STATE
WHILE NOT WHILE AT WORK	(AT HOME, STR	EET, FACTORY, OFF	FICE, FARM, ETC)	STREET	CHTORIO	VN	COUNTY	STATE
220.1 certify that X (this h	ospital) attended the	e deceased fro	AUGUS'	T 13 19 86				that X (we) last
sow the deceased alive	DECEMBER	after death,		nd that in $(X_{\!$	death occurred on the do	te and hour		
224 SIGNATURE	1111	DEGREE			MEDICAL STAF	c	22c. DATE	
NV	Cur	ATTENDING PHYSICIAN [DIRECTOR PHYSIC		12-2	8-86
274 PHYSICIAN'S NAME IT				22e ADDRESS				
RAUL LOPE				VAMC, FORT HO		21052		
234 BURIAL CHEMATION, REMO	12/30		St. Sta	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN Baltimer	Masses	COUNTY	STATE
IN FUNDAL DIESCTOR	2 - 1	100	300		E REC'D. BY REGISTRAR			TURE
Brusski Fun	eral Home	PA 140	7 01d E		C30 mas	Act of	- 0	^

DHMH - 16 60M 7/B4 (VRA 15, 4)

Injan Jande Inquetry

Janoden Bros. Langue SS S

(21 - 1 - 1 7 8 3 0

Burial 17/30/36 St. tani sus saltimore invision

erurdrinski Sunercl om 3 v 1 07 Clo Esstern we cell 30 Ess Ch

C 0.7 1 0	RE	TATE 1 9	86, (b.	0	DICAL			H AND M		F DEA	YH O	REG.	3 NO.	3	91	9
NAME OF THE PARTY	DECE (TYPE (ASED NAME	MICHAE	L	NW	AOGU		N	WAUKW.	A	2	OF	ESTI- MATED	lamed .	10 2	2 19 86	26 HOU
一	MAL	120	ACE LACK	5. DATE C	DAY	YEAR 1958	LAST SIRTH		INDER TYR.	IF UNDER HOURS		C. DATE RONOUN DEAD	NCED	MONT	0 2	2 19 86	7-27
主张//	FORE	HPLACE (STATE)	OR	76. CITIZE		AT COUN	TRY?		RIED X NE	EVER MARRI	ED 📙		ore city	_			
-	CITY	OR TOWN OF D	DEATH	11. NAME (IF NOT	OF HOSE	HITY, GIVES	IRSING HOA	AE, OR OT	HER INSTITU		17a USU	iper	PATION	TYPE OF WO	RK 12b	KIND OF BUILDING SE	
N N	IAR	YLAND	13b COUD		TUTION, GIV	13c. CITY	OR TOWN	,	YES X	NO 🗆	13e STREE	ET ADDRE	39 B	LEDS	OE C	CIRCLE	
3	2	HER'S NAME FIRST DE AS DECEASED EV	FR IN II S AD	MED FORCE	502	NWAU	JKWA CIAL SECUR	ITY NO		ER'S MAIDE FIRST UCY	NAME		AIDDLE			LAST LNORJI	
1	(YES,	NO CAUSE OF DE	(IF YES, GIVE	WAR OR DATES	5)	212-	-04-51			DANIE	EL EKI		560°C OCHES				
REMATION, OR REMON		gove rise t	No. 37	DUE	b) E TO, OR A	AS A CON	ASEQUENCE	: OF	ASE OR CONDITIO	DN GIVEN IN PAI	RT 1 ray,						
THE ATION		9a. DATE OF OPE					WHICH OPE		WAS PERFOR							0. AUTOPSY	NO []
3	5	ID EXTERNAL CALLING (CONTRIBUTING (OR CAUSE OF I	DEATH	P.M.	MONTH	DAY YEA	AR	OCATION	Y OCCURRE	D (ENTER NA	ATURE OF IN	JURY IN ITEM	18 PART 1 OF	R PART 2)		
100		WHILE NO			TREET, FACTO				STREET			CITY OR TO	WN	- 14	COUNTY		STATE
		22a. I certify th death resulted fr	of I half charg om: Natur	of the ren	7	ribed obo	Pri	ivicide _	TITLE (S	Inspection icide ,	Undeter	Inquiry mined mo	onner	ond in my		n	
7	S	XAMINER'S NAM	^E Char	les P	. Kol	ces,	M.D.	/	ADDRESS_	istant 111 E					TE SNED MD	10-2- 21201	
	(SPE	BURIA	AL	10/11		36 F	AMILY		OR CNSU	HI		STA			OUNTY	NIGE	STATE
		ITER & OF						0. 21		OC DATE R	-					IATURE	200

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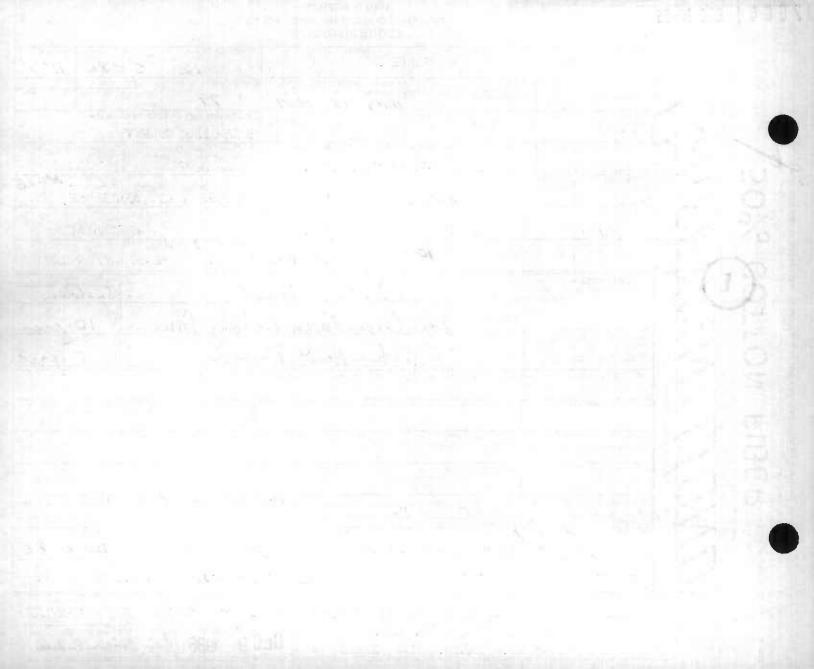
ALTONIA ALBO IN RE ESSES HARRIED TIES

Seed CHILD AVERED

La vision service leads. Lavan-

Marrier with Manual Hose, with 2501 G YANG PAIGE BERY, BAITIMORE, MD. 21216 | Chi. wol. when you

26641 DEC	108	FOR - STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		3 4 2 0
3 m4	1.		FIRST MIDDLE C	DBERFELD	REG. NO. 2a DATE OF DEATH MONTH 06	86 2:15 A.
ge 4 may ector, pos rs other d	3.	FEMALE	4. RACE WHITE	5. DATE OF BIRTH MONTH DAY YEAR 15. 1907	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER TYEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN.
Second Se	2	BIRTHPLACE (STATE OR FORE	USA	MARRIED NEVER MARRIED	BALTIMORE COUNTY	MD.
ab 11 h	9	CITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE BALTIMORE (COUNTY GEN. HOSP.	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) SALESLADY	HUTZLERS
AND 21	2	MARYLAND 13	HOMEOR OTHER INSTITUTION, GIVE RESIDENCE 13(. CITY O BALT	R TOWN 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS / ZIP CODE 6 AMLEHT CT., BA	#21215 ##7.2B ALTIMORE, MD
MARY	D	FATHER'S NAME FIRST DAVID	RUBENSTE	EIN REBECCA	RO	SENBLATT
TIMORE	/ [(YES, NO OR UNKNOWN)	U.S. ARMED FORCES? 166 SQC IA	17 INFORMANT D 3116 LIGHT	R. ROBERTOGOREN FOOT DR. BALTO	
48 1	3	PART I. DEATH WAS	Enter only one cause per line for (a), CAUSED BY: AMEDIATE CAUSE (a)	Cardiac Ane	est	BETWEEN ONSE LAND DE ATH
that the alicantical day the attended leave remove cast of cemeration, or or other transments.	1111	Conditions, if any, w gove rise to immed couse (a), stating underlying couse	diate the lost. DUE TO, OR AS A CON	ere (hume (bs/mc M njes the Heart Fo	athere	10 years
to low required on the low required on the best been signs to permit them permeters to bus own day release.		PART 2 OTHER SIGNIF		IG TO DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
HOYSICIAN I THE CONTROL OF WILL CONTROL OF WARMEN THE CONTROL OF T	1	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAU (IF EITHER NOTIFY MEDICAL 21d. INJURY OCCURREC	JSE OF DEATH EXAMINER) P.M. 21e PLACE OF INJURY	H DAY YEAR 19 211 LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	RT 1 OR PART 2) COUNTY STATE
ATTENDING significant officers of the officers		sow the deceased above, (I) (we) (did	his hospital) attended the deceased alive on 1 (did not view the body after death.	from, 19 Po		
PITAL OR by the hy ERAL DIRE State Director	,	22b SIGNATURE	Almar-	DEGREE ATTENDING PHYSICIAN 122e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	12. 6 86.
TO HOSE stained TO FUN shadel b	1	LAWRENCE	SÖLÖMÖN, M.D.	600 REISTER	STOWN RD. BALTO	., MD 21208
ВР		BURIAL	DEC.7,1986	MOSES MONTEFIORE WO	ODMOOR BALTIMOR	
DHMH - 16 60M 7/84 (VRA 15, 4)	1	NAME	SOL LEVINSON & BROSTOWN RD. BALTO.	DRESS	EC 9 1986 Julia D	Loidon Rondola



	1					STAT	E OF MARYLAND			
4 3 JAN -8	87	FOR STATE REGISTRAR			DEPA		IEALTH AND MENTAL HY		5 5	7 4 1
4 0 000	1. DE	CEASED NAME	FIRST	,	MIDDLE		ASI	REG. N		AR 2b HOUR
e e c		OR PRINTS	ouis		(obrie	n	100	0-86	1.45 04
poge er deo	3. SE.		4.	RACE		5. DATE O		6 AGE (IN YEARS LAST BIR		- 0 · · · · · · · · · · · · · · · · · ·
ars offe	Ma	le		Caucas	ian	May	4, 1908 YEAR		76 YRS. MONTHS D	DAYS HOURS MIN.
2 2 P O		RTHPLACE (STATE OR FO			WHAT COUNTE	RY? 8	D NEVER MARRIED	9 BALTIMORE CITY C	R COUNTY OF DEAT	Н
500		ryland		U.S.A.		WIDOWE	DIVORCED	Baltimore		MD
A Control of the Cont	100	ndallstown	1 0	(IF NOT IN SUC	H FACILITY, GIVE STE	REET ADDRESS)	or other institution neral Hospita	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST OF Painter	OF WORKING LIFE) INDUS	ND OF BUSINESS OR STRY TIMETCIAL
The second	13a. S	AL RESIDENCE (IF NURSINITATE		HER INSTITUTION.	GIVE RESIDENCE BE	FORE ADMISSION)	134 INSIDE CITY LIMITS?	13 SIREFT ADDRESS 6313 Winds		
XSA		ryland THER'S NAME	Bart	mere	Woodla	WIL	YES NO A		or Mill Re	sad, 21207
		arles J. O	Brien	DOLE	LAST		Caroline	WIDDLE	Drive	LAST
0	-		V U.S. ARME	D FORCES?	166. SOCIAL SE	ECURITY NO.	17. INFORMANT	ADDRE		
medico	No	AS DECEASED EVER IN	N/A	AR OR DATES)	217-05	-1174	Valerie Joy	ner, 6313 Wi	ndsor Will	1 Rd 21207
P P		18 CAUSE OF DEATH PART 1. DEATH WA	(Enter only	one couse per	line for (a), (b),	and (c) 1			BETY	PPROXIMATE INTERVAL
2 5			S CAUSED E MMEDIATE (Doh	yolia	tim			
9		"	WINED IN THE		(
8 8		C 101		DUE TO, OI	R AS A CONSEC	OUENCE OF	Trant:	rfection		
F 2		Conditions, if ony, gove rise to imme	which ((b)	WIN	ary	Maci 11	Arec110n		
oth		couse (a), stating underlying couse	the "	DUE TO, OF	R AS A CONSEC	DUENCE OF				
o burio ury, or	z	PART 2. OTHER SIGNI	FICANT CO	NDITIONS CO	ONTRIBUTING T	TO DEATH BUT	NOT RELATED TO THE TERA	MINAL DISEASE OR CON	DITION GIVEN IN PAR	RT 110
ony in	CERTIFICATION	19a DATE OF OPERATION	ON	TIPE CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20s AUTOPSY?	20b. IF YES, WERE FI	NIDINGSTISED
2	FE			110.00101	1101110111111	ier, or Ekviro	T WAS I EN ORMED	- 10	IN CERTIFYING CAL	USES OF DEATH?
of a	ER	210. ACCIDENT WAS UNDER	RIYING 🗀	21b. TIME O	F IN II IRY		21c. HOW INJURY OCCUR	YES NO	YES 🗆	NO 🗌
lem Sibo		OR CONTRIBUTING CA			M. MONTH	DAY YEAR	THE COOK INSORT OCCUP	LEWIER WATURE OF INJU	IT IN HEM IS PART I OR PAR	.11 2}
Her	Š.	(IF EITHER NOTIFY MEDICA		P./		19				
9	MEDICAL	21d. INJURY OCCURRE		21e PLACE C	OF INJURY EET, FACTORY, OFFI	CE, FARM, ETC.)	211 LOCATION STREET	CITY OR TO	WN COUNT	TY STATE
orke		AT WORK NOT WHILE	· U							
is m	10.4	220.1 certify that (1) (t				m 12-	28 1986	2 , 10 12 - 3	0 19 8	the (ligitwe) lost
21		sow the deceased obove, If (we) (dis	dolive on	12-	ofter death	7 Co. or	nd that in (my) (our) opinion	deoth occurred on the de	ate and hour and from	the couses stated
E		22b. SIGNATURE	1		oner deam.		DEGREE		72c 0	DATE SIGNED
=		C	1	7			ATTENDING	MEDICAL STAF		2/30/86
Z		22d. PHYSICIAN'S NAM	ME (TYPE OR PR	RINT)			22e. ADDRESS	DIRECTOR PHYSIC	IAN	40100
IMPORTAN		Raafas	+ Y	- Gir	q's			2 County	Hospita	P
3 2 7	23a B	URIAL, CREMATION, RE	EMOVAL	23b. DATE	23	c. NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OF TOWN		STATE
	B	urial		1/2/8	7	Woodlav	m Cemetery		Marylane	
	24 FU	NERAL DIRECTOR						TE REC'D. BY REGISTRAR	25b. REGISTRAR'S SIG	NATURE
60M 7/84	I,	AMES N. KOT	PSTS P	н 6	ADDRES	dean Mi	AL PA LL		130 100 100 100 100 100 100 100 100 100	-1

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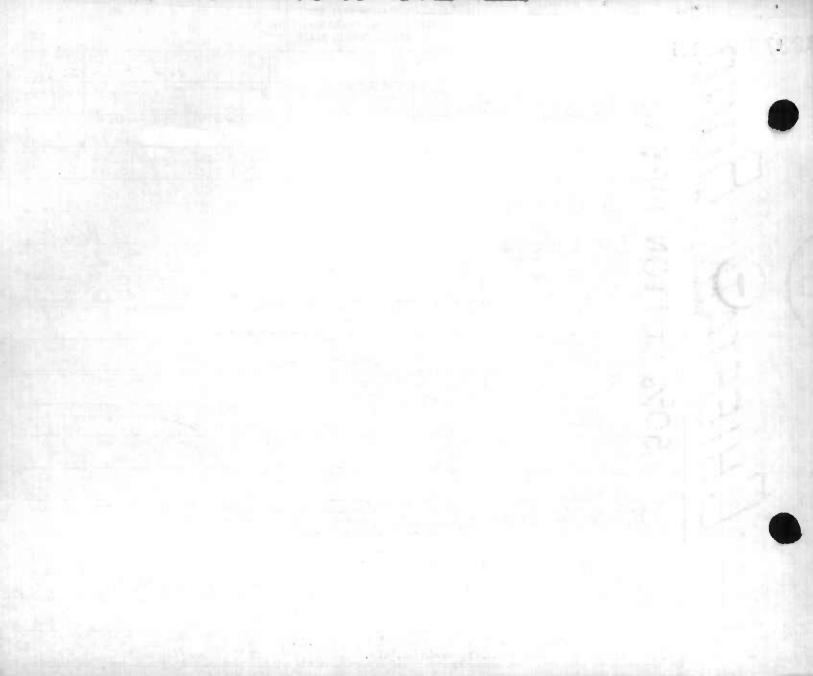
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

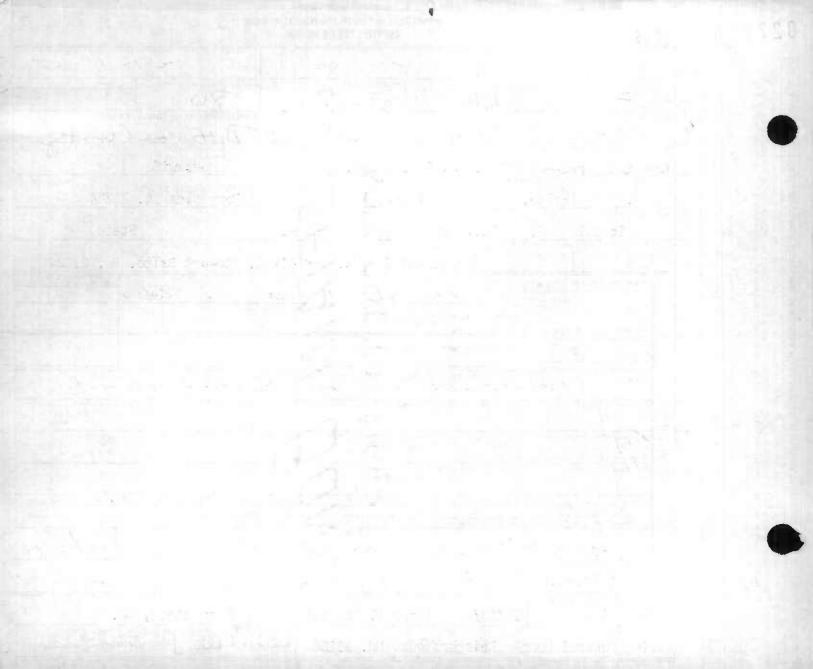
1	1-	STATE REGISTRAR				CERTIF	ICATE OF DEATI	Н	REG. N	0.		2 Gas 63	
3		CEASED NAME	FIRST	A	MIDDLE	ı	AST	1	DATE OF DEATH	MONTH 120	AY 19 YEAR 8	26 HOUR	
Н	(TYPE	ORPRINT) -	MARGAI	RET	VERON	ICA	Q'BRIEN	1		12-1	9-86	5:15 AM	
	3. SEX	(4 RACE	10 10 10 10	5. DATE C	F BIRTH	6	AGE IN YEARS LAST BIR		IF UNDER 1 YEAR	IF UNDER 24 HRS	
	F	alamas		111-7	- 10	MONTH				. /	ONTHS DAYS	HOURS MIN.	
-	7n RIG	RTHPLACE ISTATE OF	o sonsion	W NI	WHAT COUNTRY	/2 8	17 17	00	BALTIMORE CITY O	P COLINITY	OF DEATH		
7	C	OUNTRY)	KTOREIGN	O CITIZEN OF	WITAL COUNTRI	MARRIE	D NEVER MARRIE	ED X		_			
2		Maryland,		<u> </u>	4.	WIDOWE			Balti 20 USUAL OCCUPAT	more C		MD.	
X	A.	TY OR TOWN OF DE	HIA		H FACILITY, GIVE STRE		OR OTHER INSTITUTION		TYPE OF WORK FOR MOST O	F WORKING LIFE		F BUSINESS OR	
1		at ons vi	116	Sum	mit 8	Jursi	ng Home	2-	Bookkeeper		Paint	Co.	
-01	USUA 13a S	TATE	136 COUN		136 CITY OR TO		134 INSIDE CITY LIM	AITS? 1	3e.STREET ADDRESS	71P CODE			
1	N	Maryland		imore	Catonsv		YES NOX		413 Over		Road	21228	
	14 FA	THER'S NAME					15 MOTHER'S MAID	DEN NAME					
	10	FIRST	٨	AIDDLE	CAST Y	Brian	FIRST	1/2	MIDDLE		R	ina	
Ji .	160 V	VAS DECEASED EVE	R IN U.S. ARA	MED FORCES?	166 SOCIAL SEC	CURITY NO.	17 INFORMANT	7	ADDR	ESS		11.1	
	ř	(ES NO OR UNKNOWN)	(IF YES GIVE	WAR OR DATES)	21-1	20 2271	Elizabeth	OIR	rion	Same a	s # 13		
							Elizabeth	ОБ	rren	same a	- 11	MATE INTERVAL ONSET AND DEATH	
		PART I. DEATH	TH (Enter on) WAS CAUSED	y one couse per O BY:	line for (a), (b),	ond (C)	0.0	. 0	A		BETWEEN	ONSET AND DEATH	
5	1	IMMEDIATE CAUSE (0) Cerebrity consider (and and and and and and and and and and											
30		DUE TO, OR AS A CONSEQUENCE OF											
*	100	Conditions, if ony, which gave rise to immediate											
	110	cause (a), stat		DUE TO, OI	R AS A CONSEQ	UENCE OF	200						
		underlying caus	se last	(c)		C	ned G	repl					
	16	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1											
	CERTIFICATION	a	222	lein	ver 1	2	megal	2					
1	TAT	19a DATE OF OPER	ATION	196 CONDI	TION FOR WHIC	HOPERATIO	N WAS PERFORMED		200 AUTOPSY? 200 IF YES, WERE FINDINGS USED				
1	E								YES NOT	ING CAUSES OF DEATH?			
1	2	21a. ACCIDENT WAS U	NDERLYING	216 TIME O			210 HOW INJURY	OCCURRE	D (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT I OR PART 2)		
1		OR CONTRIBUTING		10		DAY YEAR							
	MEDICAL	214 INJURY OCCU		21e PLACE		19	21f LOCATION						
	ME	WHILE NOT	WHILE		REET, FACTORY OFFICE	E FARM ETC)	STREET		CITY OR TO	NWN	COUNTY	STATE	
		AT WORK AT W				8/1	7		10 12-19	- 87			
		22a I certify that (1) (this hospit	12-43	e deceased from		, 19.	aniara da	ath accurred on the d	,		that (I) (we) lost	
		obove, (i) (we)	(did) (did not	yiew the body	after death			apililari de	dir decorred on the d	ore one noor			
		226 SIGNATURE	13/	10		,	DEGREE ATTENT	DING .	MEDICAL _ STA	FF	22c. DATE	SIGNED	
			1/		Y	14	D PHYSIC	CIAN D	DIRECTOR PHYSIC	CIAN	16-	19-86	
		226 PHYSICIAN'S	YAME (V	renni 0			22e ADDRESS		, ,	010	1 :	2/228	
		A119n	LE?	rez.	M.D.		1009 6	160	lerick,	Ca.	ROKSU	· le M	
		BURIAL, CREMATION	, REMOVAL	23b. DATE	23	NAME OF	EMETERY OR CREMA	ATORY	23d LOCATION				
	Ė	Burial		12/22/	86 N	ew Cat	hedral Cem	neter		ore	Ma	aryland	

DHMH - 16 60M 7/84 (VRA 15, 4)

PARENTA DIRECTOR Russell C. Witzke Funeral Homes P. 150 DATE REGISTRAR'S SIGNATURE 1630 Edmondson Avenue, Catonsville, MD. 21228



				STAT	E OF MARYLAND		
027850 DEC	23	FOR STATE BEGISTRAR	DEP		EALTH AND MENTAL HYG ICATE OF DEATH	REG. NO	3 3 4 2 9
		CEASED NAME FIRST	MIDDLE	ι	A51		MONTH DAY YEAR 26 HOUR
A poge 3	{ TYPI	(Aple)	M.	Oco.	unon	/	~ 17 86 900 AM
or. po	3 SE	× t	RACE	S. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER LYEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
oge oge	1 0	DT I	White	03	-01-06	80	YRS.
£ 70 16		COUNTRY)	CITIZEN OF WHAT COUN	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY OF BEATH
tung thing		New Jersey	1 NAME OF HOSPITAL N	WIDOWE	DIVORCED DIVORCED	120 USUAL OCCUPATION	ON 126. KIND OF BUSINESS OR
# # 55	0	and all ton an	Balto. Co.	STREET ADDRESS)		TYPE OF WORK FOR MOST OF	EWORKING LIFET INDUSTRY
ours be fill	_	AL RESIDENCE (IF NURSING HOME OF O	THER INSTITUTION, GIVE RESIDENCE	BEFORE ADMISSION)			
BALTIMORE, MARYLAND 2120 state be executed within 24 hours ysticion and compligiely filled in by appers. Pages 1 and 2 should be fille vol. it, the medical examine (mist be re- it), the medical examine (mist be re- it).	130	Md. Balto		timore	13d. INSIDE CITY LIMITS?	5 Morrisle	ZIP CODE 21234
Sylvania in this sylvania	14 F/	ATHER'S NAME	IDDLE LAS	,	15 MOTHER'S MAIDEN NA	WE	
WW IS SELECT		Michael F.	Mullins		Hanna	MIDDIE	Stead Stead
exectory ond co		VAS DECEASED EVER IN U.S. ARM YES, NO OR UNKNOWN) (IF YES, GIVE	WAR OR DATES)	SECURITY NO.	17 INFORMANT	ADDRE	
S. Po		No	136-12	2-8095	Ms.Patricia /	A. Stewart B	Balto. Md. 21234
, BAI hysici popel ovol.		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one couse per line for ia), (b), and ici.i		/_	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		IMMEDIATE		fastate	CANCER	of	Colon
PRESTON ST he death cert e ottending emove carban mation, ar ree		Conditions If you which	DUE TO, OR AS A CON	SEQUENCE OF			
PRES he de emov motic		Conditions, if any, which gave rise to immediate couse (a), stating the	(b)				
by il by il ose o		underlying cause last.	DUE TO, OR AS A CONS	SEQUENCE OF			
RDS, 20 requires t a signed Then ple to burio	NO	PART 2 OTHER SIGNIFICANT CO	enditions contribution	G TO DEATH BUT	NOT RELATED TO THE TERM	MAL DISEASE OR CONE	extrem to,
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The law requir r attending physician. Wher this certificate has been sig as the burial-transit permit. Then than Amental Hygiene prior to b orked or frem 18 shows any injury	CERTIFICATION	198 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
VITAL RE IN The In hysician. I const per Hygiene I B shows	RTIF				No	YES NO	YES NO
SION OF VI		2)0. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH	H DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2)
ON OF HYSICIA his certif burial:t Mental or Item	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINER)	P.M. 21e. PLACE OF INJURY	19	211 LOCATION		
VISIG G PH attencer this sithe b and i	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.)	STREFT	CITY OR TO	VN COUNTY STATE
DIVING or off or off see os the	M	22a.1 certify that (1) (this haspita	il) attended the deceased f	rom/_2	19 19 56		17 , 19 16 , that (I) (we) last
Sprittle Sprittle Sprittle For u		saw the deceased alive an abave, (lylwe) (did (did nat)	view the body after death.	19 F 6 , or	d that in (my) (our) apinion o	death occurred on the do	te and have and from the causes stated
OR ho		226. SIGNATURE	1-1		DEGREE	/	224. DATE SIGNED
RAL Day the CRAL Day the Cross detoc		Hand	tlemen	M	THISICIAIN E	MEDICAL STAF	IAN [12/17/16
TO HOSPITAL Of retained by the TO FUNERAL Dishould be detained by the State Dishould be detained by the State Dishorant. If		S Town	Steinberg	ms	Balto.	00 6	enel (tospila)
	23a I	BURIAL, CREMATION, REMOVAL	236. DATE		EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	GOUNTY STATE
BP	_	Cremation UNERAL DIRECTOR	12/18/86	carroll	Cremation	Hampste	ead, Md. STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		line Funeral Hom	e Reisters	town, Md	. 21136 DEC	22 1986	280, M



				STATE OF MARYLAND		
	li.	FOR STATE	DEPARTA	MENT OF HEALTH AND MENTAL HY	GIENE 8 0 3	3 7 6 4
120210 IAM	LE	REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
123210 JAN	I DE	CEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
e 6 4 6	(TYP	Leslie Leslie	Leroy	Ogle	Dec. 26, 1986	12N
poge record	3. SE		4. RACE			M
a fee fee	3. 56			5. DATE OF BIRTH MONTH DAY YEAR	6 AGE (IN YEARS LAST BIRTHDAY) IF	UNDER I YEAR OF UNDER 24 HRS
ge ge	L	Male	White	June 1, 1905	81 YRS.	
g & g	70 B	IRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY C	F DEATH
\$ 25 5	B	alto. City	U.S.A.	WIDOWED DIVORCED	Balto. County	
1 / 44 0	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN		12a USUAL OCCUPATION	12b KIND OF BUSINESS OR
_ V = = = = = = = = = = = = = = = = = =	n.	atonsville	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE)	INDUSTRY
8 / # b		AL RESIDENCE (IF NURSING HOME OF		ing Home	Weight Master Uni	on Stock Yard
ed within 24 herresed within 24 herresed within 24 herresed by fillips in by co. 2 shortd be fillips with the second part of th	13a	STATE 136 COUN			130 STREET ADDRESS / ZIP CODE	21220
Z Z	1	Md.	Balto.	YES NO TO	3646 Hineline Rd.	1007
The state of the s	14. F	ATHER'S NAME		15 MOTHER'S MAIDEN NA	ME	
* 13 200	1	William	Ogle LAST	FIRST	MIDDLE	LAST
mi 3 8 " 3	16a '	WAS DECEASED EVER IN U.S. AR		RITY NO. 17 INFORMANT	ADDRESS	Kinsley
on de objective		YES, NO OR UNKNOWN) (IF YES GIV	E WAR OR DATES)	3646	Hineline Rd. Balto	. Md. 21229
S. P. Se		no	1215-07	.4467 Mrs. Gladys	G. Ogle	
BAI soperation of the state of		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	ly one couse per line for IoI, (b., one	lic		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
Tiffic phonopermo			TE CAUSE (O) DEMER	ITTA SECONDARY	70	
ding or re			DUE TO OD AS A CONSCIONE	NIGE OF		
STC eoth ve c on, umc		Conditions, if any, which	DOE TO, OK AS A COMPLETE	CASIMERS DISOME		
me de d		gove rise to immediate	(6)			
W. PRESTON SI		couse (a), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE	NCE OF		
or o			(c)			
S, S	7				AINAL DISEASE OR CONDITION GIVEN	
or for	₽			reading enewhorks	CANCER OF COLON	
EC EC	S	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		WERE FINDINGS USED
hos hos	E				YES NO YES	NG CAUSES OF DEATH?
DIVISION OF VITAL RECORDS, 201 NG PHYSICIAN: The low requires th ottending physicion. Ifer this certificole has been signed to sthe buriol-tronsit permit. Then pleo th and Mental Hygiene prior to buriol, orked or Hem 18 shows any injury, or	CERTIFICATION	210. ACCIDENT WAS UNDERLYING		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART	
SICIAN ng phy certific entol It fem 11		OR CONTRIBUTING CAUSE OF DEA		T TEAK		
ON ding ding ding Men Men	MEDICAL	LIF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19 211 LOCATION		
TISIC The PH The L	MEI	WHILE NOT WHILE	(AT HOME STREET, FACTORY OFFICE FA		CITY OR TOWN	COUNTY STATE
DIV ING ost the	-	AT WORK AT WORK			1242/	
Teologia Branch		22a I certify that (1) (this hospi	tol) ottended/the degeosed from	7 19 17	to DOTHIT 19	thou (1) (we) lost
Pire propriet		sow the deceased alue of	12/25/06/19 I view the body offer death.	, and that in (my) (our) opinion	death occurred on the date and hour o	nd from the couses stated
hos hos bed he bed them		226. SIGNATURE	125	DEGREE		22c. DATE SIGNED
the contract of the contract o		allen L. K	white M	ATTENDING	DIRECTOR PHYSICIAN	12/29/06
HOSPITAL ined by th FUNERAL ide be deficient on the Stote ORTANT: h	1	22d. PHYSICIAN'S NAME (TYPE O	R PRINTI	22e ADDRESS	DIRECTOR PHYSICIAN	12/-1/00
00 575 0			CUHNED MD	1001 PINE	HEIGHTS AVE, BA	46 MD71279
TO HOSPIT, retoined by TO FUNER, should be divide the Stelland with the Stelland IMPORTAN	-				0000013 1100,131	11.0001001
F 5 - 4 > 3 4		BURIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	23d LOCATION	OUNTY STATE
BP		Burial	Dec.29, 1986 Mes	dowridge Cem.	Dorsey Howard	222
DHMH - 16 60M 7/84	24 F	UNERAL DIRECTOR		25e DAT	E REC'D BY REGISTRAR 256 REGISTRA	R'S SIGNATURE
(VRA 15, 4)	G.	Traman Schwab	5151 Balto. Nations	T LIKE	EC 3 1 1986 256 REGISTRA	Dendern-Kundall
	-		Rolto Md 21	220		

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Destantant in

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

	REG. NO.				
_1-	26. DATE OF DEATH MONTH	DAY	YEAR	2b HOU	JR _
	12-6-86			6	Q A
	6. AGE IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
	87 YRS.	MONTHS	DAYS	HOURS	MIN.
7	9 BALTIMORE CITY OR COUNT	Y OF DE	ATH		
_	Baltina		0.	1	

1-emal TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED arulanc WIDOWED CITY OR TOWN OF DEATH

DIVORCED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

(TYPE OF WORK FOR MOST OF WORKING LIFE) Homemaker

126 KIND OF BUSINESS OF INDUSTRY

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
138 STATE
138 COUNTY
138 CITY OR TOWN 13h COUNTY

MIDDLE

Frank

Baltimore Cockevsville Maryland FATHER'S NAME

13e STREET ADDRESS / ZIP CODE 13801 York Road 21030 15. MOTHER'S MAIDEN NAME

13d. INSIDE CITY LIMITS?

MIDDLE Alba

Tay

IN U.S. ARMED FORCES No

John

FIRST

oroth

- STATE

(TYPE OR PRINT)

3 SEX

CERTIFICATION

MEDICAL

00

deot

REGISTRAR DECEASED NAME

16h SOCIAL SECURITY NO

MONTH

213-48-2439F.H.Ohrenschall 104 Tuscany Road 21210

18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)
PART I. DEATH WAS CAUSED BY: Conditions, if ony, which

CONSEQUENCE OF ACCIDEN

DUE TO, OR AS A CONSEQUENCE OF

IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

ART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

sow the deceased alive on_

21b. TIME OF INJURY

20h. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO

210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFEITHER NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED

gove rise to immediate couse (o), stating

underlying couse

On DATE OF OPERATION

HOUR A.M. MONTH DAY YEAR P.M 19

21e. PLACE OF INJURY

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

e CEREBROVASCULAN

AT HOME STREET, FACTORY, OFFICE FARM, ETC) NOT WHILE WHILE 22a I certify that (1) (this hospital) attended the deceased from_

211 LOCATION STREET CITY OF TOWN

COUNTY STATE

above, (1) (we) (did) (did not) view the body 22b. SIGNATURE

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL PHYSICIAN

, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated

3313 Paper Mill Road

250. DATE REC'D.

236. BURIAL, CREMATION, REMOVAL 23b. DATE

23c. NAME OF CEMETERY OR CREMATORY Loudon Park Cem.

DEGREE

23d LOCATION Baltimore

Maryland BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

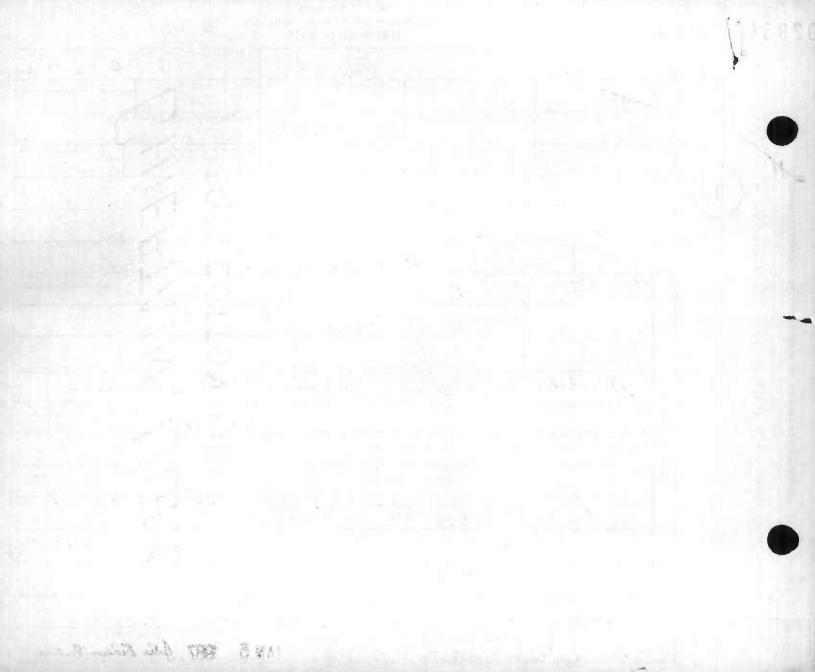
Burial 24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

DHMH - 16 60M 7/B4 (VRA 15, 4)

BP.

	1					STAT	E OF MARYLAND				
4 7 JAN -6	07	FOR STATE REGISTRAR			DEPA		EALTH AND MENTAL HY	O	Ö	3 3	5 4 2 0
1		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEA	G. NO.	DAY YEA	AR / 26 HOUR
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ffer d	3 SE	_	1	RACE	, 11	5. DATE C		6 AGE (IN YEARS L	ASI BIRTHDAY)	IF UNDER 1 Y	YEAR IF UNDER 24 HRS
rs of	-	emale		Whi	te	12	18 95	9	YRS		NIS HOURS MIN.
18 Je	7a B	RTHPLACE (STATE OR FO	REIGN 7	L CITIZEN OF	WHAT COUNTI	RY? 8 MARRIE	D NEVER MARRIED	9 BALTIMORE C	ITY OR COUN	TY OF DEATH	н
10		aryland		USA	100000000000000000000000000000000000000	WIDOWE			ore Con		MD.
145				(IF NOT IN SUC	H FACILITY, GIVE ST	REET ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCU	MOST OF WORKING	12b. KIN INDUST	ID OF BUSINESS OR TRY
		andallstown AL RESIDENCE (# NURSIN		Baltimo	ore Cour	ty Gen	eral Hospital	Homemak	ter .		
Dak	13a. :	STATE	Balti	ſΥ	13c. CITY OR T	OWN	13d. INSIDE CITY LIMITS?	13e.STREET ADDR			01015
		ATHER'S NAME	Daiti	шоте	Bright	JON	YES NO X	6710 Br	ignton	Ave.	21215
1/137	1	Josep		Co	1bel		FIRST 12	atryn	OLE	Tuna	LAST
es loo /		VAS DECEASED EVER IN	U.S. ARM	NED FORCES?	166 SOCIAL SI	ECURITY NO.	17 INFORMANT Balt	imore A	ADDRESS MI	Jung	21215
Poges	- (NO OR UNKNOWN)	(IF YES, GIVE	WAR OR DATES)	215-09	9-3637D	Mrs. Roberta				
permit. Then please remove con one prior to buriol, cremotion, o ours ony injury, or other troumot	CERTIFICATION	Conditions, if ony, gove rise to imme couse (o), stoting underlying cause PART 2 OTHER SIGNAL TO DEPART OF OPERATION	lost.	DUE TO, OI	hyth h	OUENCE OF	NOTRELATED TO THE TERM PROCESSION WAS PERFORMED	20a AUTOPSY	20b. IF Y	CLCONO (ES, WERE FIN TIFYING CAU	NDINGS USED USES OF DEATH?
Hygier 18 shop	CERT	21a. ACCIDENT WAS UNDER	RLYING	21b. TIME O			21c. HOW INJURY OCCUR	YES NO	245	PART OR PART	NO []
Item		OR CONTRIBUTING CA		HOUR A.	M. MONTH M.	DAY YEAR					
T TO T	MEDICAL	214 INJURY OCCURRE		21e. PLACE	OF INJURY	CE FARM FIC)	21f. LOCATION STREET	cm	or fown	COUNTY	STATE
th or	1	WHILE NOT WHILE	E 🗍				1		11	01	
E S		22a.l certify that (1) (t sow the deceased		oll) ottended th	e deteosed fro		1201.1986	2, to	1301	1000	that the (we) lost
m 21		obove, (I) (we) (did	d) (did not)	view the body	offer deoth.		id that in (my) (our) opinion	deoth occurred on	the dote find h		
e Dep		228. SIGNATURE	mr	ma			DEGREE ATTENDING	MEDICAL	STAFF \	22c. D.	12/30/81
should be der with the State IMPORTANT:		22d. PHYSICIAN'S NAM	ME (TYPE OR	PRINT) ET	Nou	R	22e ADDRESS	DIRECTOR P	HYSICIAN IXI		17,777
F 0 5 ≤	23a E	BURIAL, CREMATION, RE	EMOVAL	23h DATE		3c NAME OF C	EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
-		Burial		1-2-87		orraine	Park Cemete			ltimor	e MD
- 16 60M 7/84		NERAL DIRECTOR LO						TE REC'D. BY REGIS	TRAR 25b. REGI		NATURE
/RA 15, 4)	8/	28 Liberty	Rd.	Kandal	Istown.	MD 21	133	HUT GN	/ Chilea	Devider	N. Vandass



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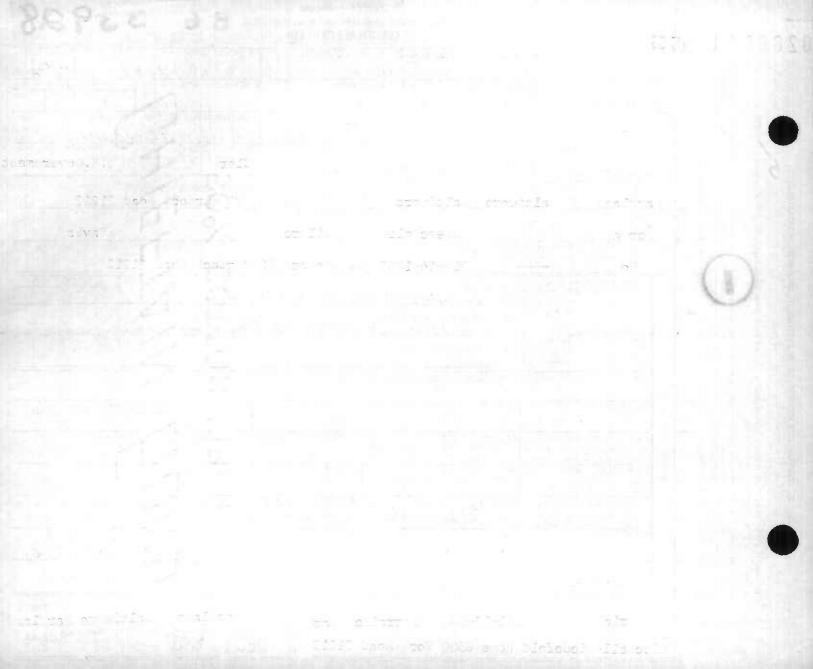
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PARTMENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	0	5 . NO.	3	3	4	2	
IAST	2. DATE OF DEATH	MONTH	DAY	YEAR	75	HOLID	

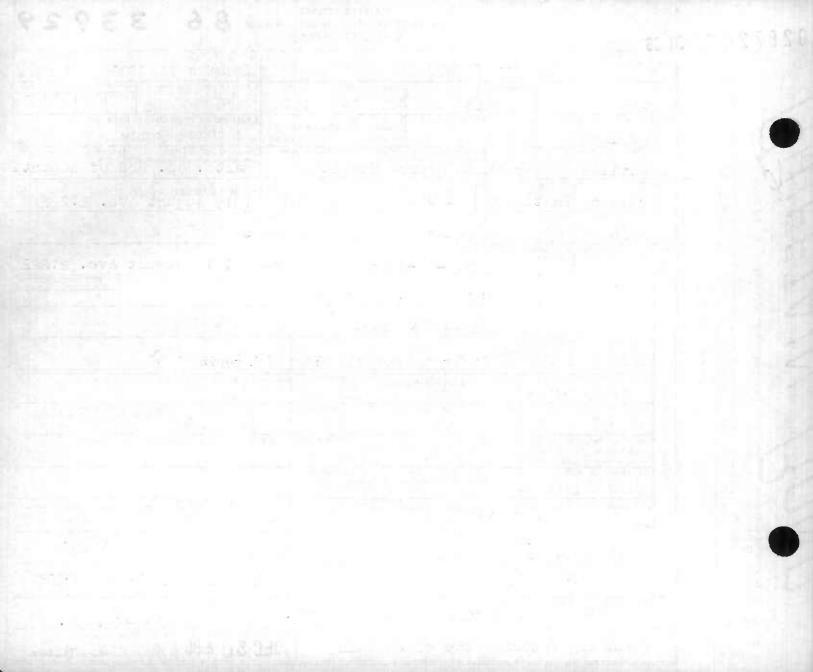
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ath be	1. DECEASED NAMI	JOY	OHN	M.	OPA	ORNDORFF	2a. DATE OF DEATH	17-16	YEAR 86	26 HOUR 10:23
ge 4 moy be	3. SEX	1	4. RACE	1/	5. DATE (6. AGE (IN YEARS LAS	T BIRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
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ofter dec	TO US	OF DEATH	11. NAME OF	H FACILITY, GIVE STR	EET ADDRESS)	OR OTHER INSTITUTION	120. USUAL OCCUP		126 KIND OF INDUSTRY	BUSINESS OR
be the	USUAL RESIDENCE	(IF NURSING HOME OR	OTHER INSTITUTION		ORE ADMISSION	OSPITAL	Lawyer		Law	
ND 24 h	Maryland	13b. COUN	imore	13c. CITY OR TO		13d INSIDE CITY LIMITS?	13e.STREET ADDRES	SS / ZIP CODE laney Val	lev Ci	21204
rtely shin	14 FATHER'S NAME		WIDDLE	LAST		15. MOTHER'S MAIDEN NA	ME			
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- 0 111 00 5	22d PHYSICIA	N'S NAME HOTE 9	R PRINT)	1 100	= 117	PHYSICIAN [DIRECTOR PHY	SICIANL	101	191204
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DHMH - 16 60M 7/84 (VRA 15, 4)	Ruck Tow	son Funer	al Home	Inc.		,Md. 21204 UE	C"22"1986	Gulia Des	idern-Ka	ndeedy

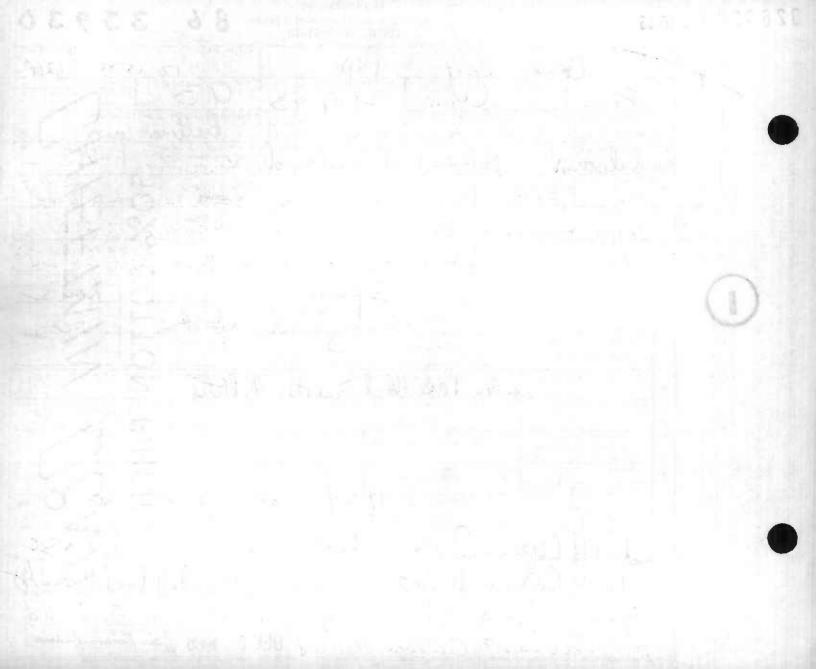
Ruck Towson Funeral Home, Inc.

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BALTIMORE	1	1		AS DECEASED EVER		MED FORCES? WAR OR DATES)		SECURITY NO.	17. INFORMANT	00	ADDRES		4.0	
MILI	/ *)	/	_	No				4-1082	U.W. Osbor	n 90	Murdock Roa	ad 212		MATE INTERVAL
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TS N	Day of	200			IMMEDIATI	L C/1032 (0)		SEQUENCE OF	ciprat pre		, reage			
PRESTON ST.,	deat	Die O		Conditions, if any,	which	(b)_	CAN		Lung w.	th k	orain met.	45/7951		A. Levin
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201 W.	thot d by lease iol, c	1000		underlying couse		(c)								
	signe hen p o bur	, y	Z	PART 2 OTHER SIGN	NIFICANT C	ONDITIONS C	ONTRIBUTIN	G TO DEATH BU	NOT RELATED TO THE	HE TERMIN	AL DISEASE OR COND	ITION GIVEN	N IN PART 110	
DIVISION OF VITAL RECORDS,	been mit. The	1	CERTIFICATION	19a DATE OF OPERA	ION	196 COND	ITION FOR W	VHICH OPERATION	N WAS PERFORMED)	20a AUTOPSY?	20b. IF YES, \	WERE FINDIN	GS USED
L RE	hos per per		TIFIC								YES NO	IN CERTIFY! YES	NG CAUSES (OF DEATH?
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Ö	SICIA pg pl certif rial-t	a l	CAL	OR CONTRIBUTING (CAL EXAMINER	P.	м.	19						
SION	PHY endir this he bu	ō	MEDICAL	216 INJURY OCCURE			OF INJURY REET, FACTORY, O	OFFICE, FARM ETC)	211 LOCATION		CITY OR TOW	N	COUNTY	STATE
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	A Nos	ue u		22b. SIGNATURE	lid) (drd not	view the body	offer death.		DEGREE				22c DATES	
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	etoined TO FUN should b	2		Carla S			M.D.				y Rd Tow	son, I	MD 2120)4
			23a. B	URIAL, CREMATION,	REMOVAL			23c. NAME OF	CEMETERY OR CREM.	ATORY	23d LOCATION CITY OF TOWN		COUNTY	STATE
	BP	1	24 FI	Burial INERAL DIRECTOR	100	12-10)-86	Lorrai	ne Park	250 DATE F	Woodlawn REC'D. BY REGISTRAR 2	Balt Sb. REGISTRA	1more	Maryland
	DHMH - 16 60M 7 (VRA 15, 4)	7/B4		tchell-Wie	edefel	d Home	6500	York Roa	d 21212	DE	C 1 1 1986	fisher	Dondoon	. Kandalla



28720 DEC.	1,1	FOR STATE		DEPARTI	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	SIENE 8 6	33	929
		ECEASED NAME FIRS		MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY YEAR	26 HOUR
be of the	111	A1	exander	PAKACKI			December	24, 1986	12:00pm
may be page	3. S	EX	4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIR	MONTHS DAY	
ge 4		Male	Whi	te	1 1	24 1910	76	YRS.	S HOURS MIN.
Pool Pool	- 7a	BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN O	F WHAT COUNTRY?	8	NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEATH	
1 25 35		Maryland	USA		WIDOWE		Baltimore	County	MD.
of the formal participation of	1	CITY OR TOWN OF DEATH	(IF NOT IN SI	FHOSPITAL, NURSIN UCHFACILITY, GIVE STREET Lin Squa	ADDRESS)	ospital	17a USUAL OCCUPATION OF MOSTO		of BUSINESS OR Educati
BALTIMORE, MARYLAND 2120 cate be executed within 24 particular and completely filled in by opers. Pages 5 and 5 and 5 and 14, the medical sysmular minth in the	130		ME OR OTHER INSTITUTION OUNTY Ltimore	13c CITY OR TOW Dundal	'N	13d. INSIDE CITY LIMITS?	13 STREET ADDRESS	zip code ust Ave.	21222
YIE BEN A	_	ATHER'S NAME				15. MOTHER'S MAIDEN NA	ME		
MAR S		Adam	MIDDLE	Pakacki		Catheri	ne MIDDLE		LAST
or xecute and corrected dicol		WAS DECEASED EVER IN U.S		166 SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRE	55	
MORE e execute and of Pages		(YES, NO OR UNKNOWN) (IF Y	S, GIVE WAR OR DATES)	213-07-	5033	Mary Pakac	ki 1919 A	ugust Ave	. 21222
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BA ING PHYSICIAN. The law requires that the death certificate rattending physician. Wifer this certificate has been signed by the attending physical state build-transit permit. Then please remove carbon paper the build-transit permit. Then please remove carbon paper the half Mennal Hygymm princit to burial, cremation, or removal arked Ost them. 8 since any injury, or ather traumatic event, to	CERTIFICATION	Conditions, if ony, which gove rise to immediate couse [0], stating it underlying cause last PART 2. OTHER SIGNIFICATION Renal fai	DIATE CAUSE (a). DUE TO, (b). DUE TO, (c). POUR TO, (c). NT CONDITIONS G.	OR AS A CONSEQUI Fulminant OR AS A CONSEQUI OERFORATED	ENCE OF Seps ENCE OF duod	is enal ulcer wi	INAL DISEASE OR CON	tis DITION GIVEN IN PART	Tel:
law law	P S	19a DATE OF OPERATION	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS	ES OF DEATH?
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SICIAN: ng physic certificate urial-trans tental Hyn	MEDICAL CI	OR CONTRIBUTING CAUSE (DE DEATH HOUR A	A.M. MONTH DA P.M.	AY YEAR	21c HOW INJURY OCCURI	KED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I OR PART 2	3
MVISION JG PHYS ottending frer this of st the bur h and Me	MED	WHILE NOT WHILE AT WORK	(AT HOME S	E OF INJURY STREET, FACTORY, OFFICE, F		211 LOCATION STREET	CITY OR TO	WN COUNTY	STATE
ND ST OT OT USE OF USE OF IS MO		22a I certify that (I) (this saw the deceased alixabove, (I) (we) (did) (d	nospital) attended	the deceased from	<u>ovemb</u>	er 21, 1,86	December		_, that (1) (we) last
ATTE Ispito CTO Ispito In 21		saw the deceased alivabove, (1) (we) (did) (d	d not) view the bod	ly after death.	, 01	nd that in (my) (aur) apinion	death occurred on the de		
TAL OR. by the hory RAL DIRE detached tote Deptite The Mart. If there		276 SIGNATURE	€.4.6	oyle /	MD	ATTENDING PHYSICIAN	MEDICAL STAI	FF 12/	24/86
TO HOSPITA etoined by TO FUNER should be d with the Sta		Denise Coy	le, M.D.	Y	i	9000 Frankl	in Square D	r., Balto.,	21237
BP	230	BURIAL, CREMATION, REMO	12/2°	9/86 Ho	lly !	EMETERY OF CREMATORY Hill Cem.	23d. LOCATION CITY OF TOWN	ltimore,	Md . STATE
DHMH - 16 60M 7/84 (VRA 15, 4)	24	Comnelly I	uneral	Home *****f	Dund		C 3 O 1986	256 REGISTRAR'S SIGN	

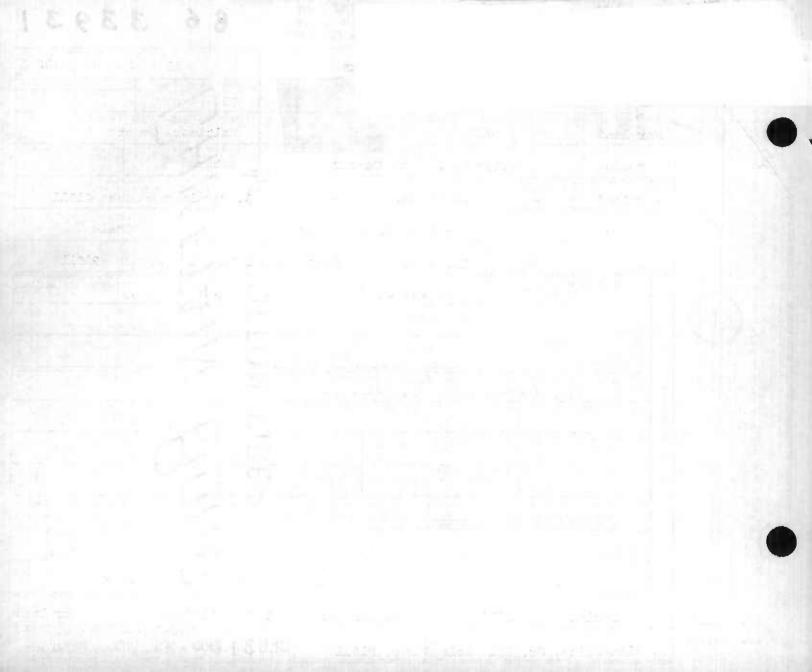




STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE An- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 2a. DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) 30 8:30 A Parks 12 86 Bertha Irene 4 RACE 3 SEX 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS YEAR White Female 11 01 04 TO BIRTHPLACE (STATE OR FOREIGN **BALTIMORE CITY OR COUNTY OF DEATH** Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED USA Baltimore County Maryland WIDOWED DIVORCED [10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR IN SUCH FACILITY, GIVE STREET ADDRESS) Retired WORKING LIFE INDUSTRY Valley Nsg. Conv. Center Towson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSIONI 13g. STATE 13b. COUNTY Baltimore 3939 Roland Avenue 13d. INSIDE CITY LIMITS? 21211 Maryland 4. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Chalk LAST John Steigerwald Irene 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT **ADDRESS** (YES, NO OR UNKNOWN) 217-09-1645 Shirley King 1421 Union Avenue 21211 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for Io), (b), ond Ic
PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stofing DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1102 CERTIFICATION 96. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21a. ACCIDENT WAS UNDERLYING 716 TIME OF INJURY 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211. LOCATION 0 21e. PLACE OF INJURY CITY OF TOWN COUNTY STATE AT HOME STREET, FACTORY, OFFICE, FARM ETC) rked NOT WHILE AT WORK 22a.1 certify that (1) (this hospital) attended the deceased from_ sow the deceosed olive on_ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the body after death. 221/SIGNATURE DEGREE 22c DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN MPORTANT 22e ADDRESS d b Kow ALGUSK shoul with 230 BURIAL, CREMATION, REMOVAL 23¢ NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (SPECIFY) Baltimore Maryland 1/2/87 Lorraine Park Cemetery Burial 24 FUNERAL DIRECTOR 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 Dividion.

A. Alan Seitz. Jr. 3818 Roland Ave. 21211

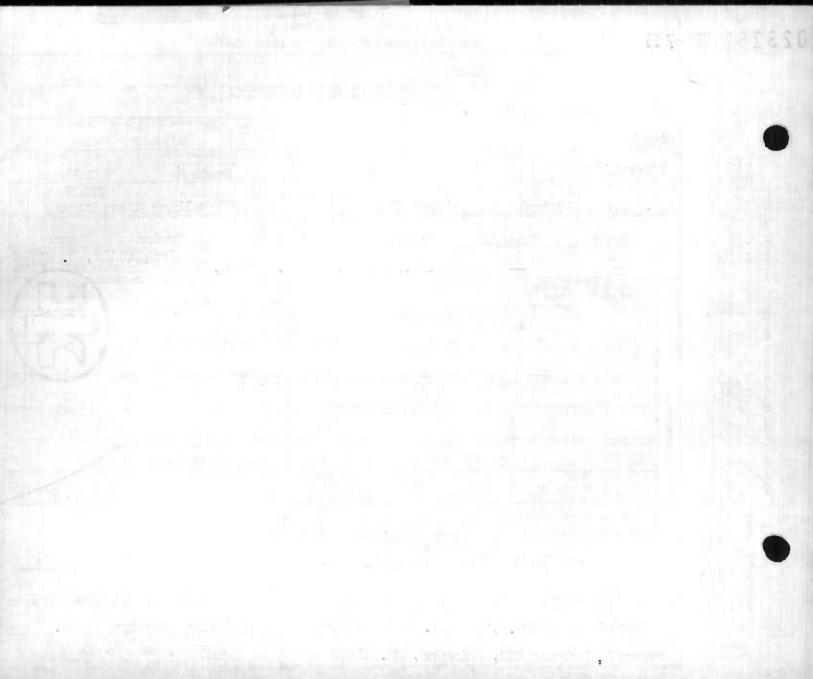
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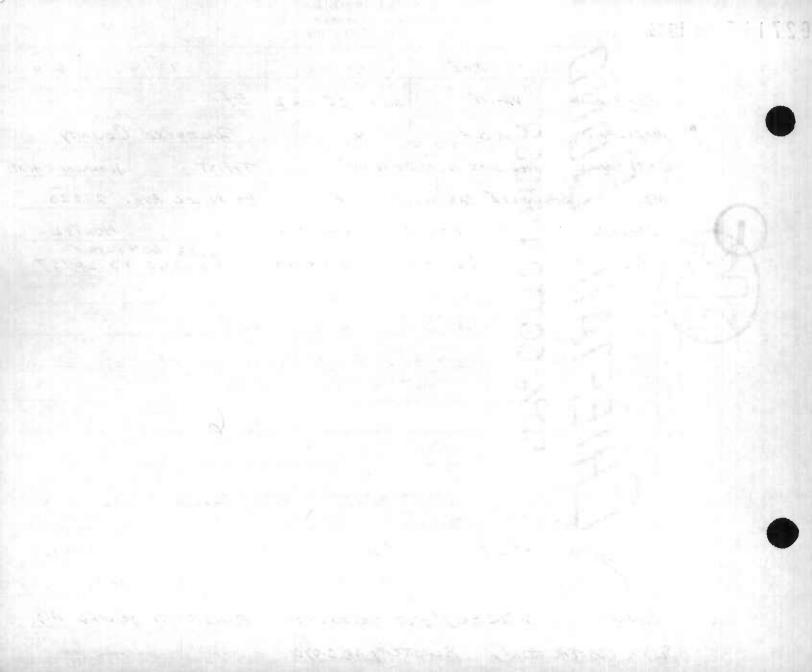
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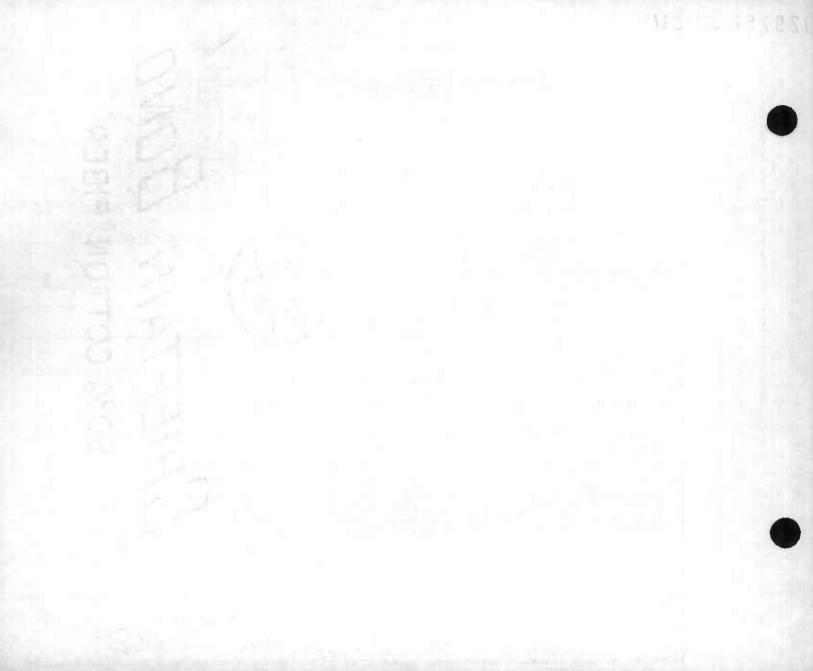


STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH O REGISTRAR DECEASED NAME 20 DATE OF DEATH MONTH (TYPE OR PRINT) Elizabeth I. Petran December 16. 1986 3 SEX 4. RACE 6 AGE (IN YEARS LAST BIRTHDAY) 5 DATE OF BIRTH July 25, 1906 80 BALTIMORE CITY OR COUNTY OF DEATH BIRTHPLACE (STATE OF FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X Mexi co USA Baltimore Co.. WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Towson 204 E. Joppa Rd. Microbiologist USUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION Baltimore 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE Mā. 21204 204 E. Joppa Road 14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME Charles Petran Tabitha McKeehan ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT NO OR UNKNOWN) 219 36 1929 Mrs. Alice D. Burt Annapolis. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and ice.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? Hygie NOF 71a ACCIDENT WAS UNDERLYING 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM IB PART I OR PART 2 21b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY (AT HOME, STREET FACTORY, OFFICE FARM, ETC.) COUNTY CITY OR TOWN STATE NOT WHILE 19 68 , 10 DOS. 1 220.1 certify that (1) (this haspital) attended the deceased from ____ _, and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 27b. SIGNATURE DEGREE PHYSICIAN DIRECTOR PHYSICIAN 22e ADDRESS ld b J. Myrton Gaines, Jr. 7800 York Road Baltimore. Md. 230. BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY Cremation Baltimore. Md. 51 ATE 12/18/86 Green Mount Cem. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAD SISTEMAN DHMH - 16 60M 7/84 MITCHELL-WIEDEFELD HOME, INC. Author Donderson Tea 6500 York Rd. (VRA 15, 4)

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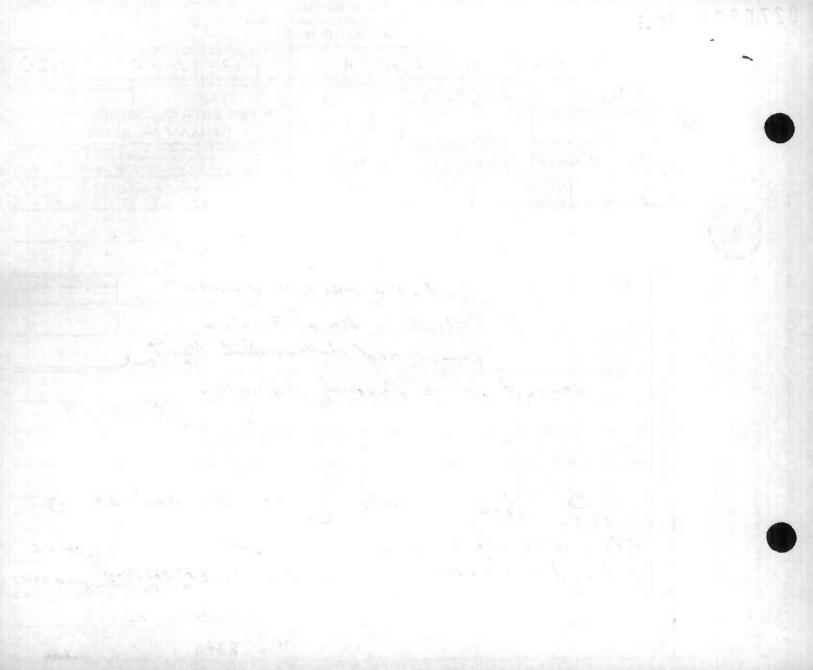


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724 hours	35	13a. S				efore admission) eRiver	13d. INSIDE CITY LIMITS? YES NO		DRESS / ZIP Compa	code ss Road	21220
MAKT.	130	14. FA	Neil		hil1î	-	Robin	AME	WIDDLE	Dempse	AST Y
-	/	16a V	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	166 SOCIAL S 215-0		Neil Phil	lips 54	ADDRESS O Com	passRd.	21220
DIVISION OF VITAL RECORDS, 201 W PRESTON ST. ING PHYSICIAN: The low requires that the death certificating physician. After this certificate has been signed by the attendant po	. Then please remove carriers or to buriol, commission, as one injury, or other traumatic	TION	Canditions, if ony, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSE	QUENCE OF	ONE THE TERM		OR CONDITIO		lio
At KECK The law iton.	it permit	CERTIFICATION	19a DATE OF OPERATION	196 CONDI	TION FOR WH	IICH OPERATION	WAS PERFORMED	YES	SY? 20b.	IF YES, WERE FIND CERTIFYING CAUSE YES [INGS USED S OF DEATH? NO [
ICIAN: ig physic	rriol-trons entol Hyg them 18 sl		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	EATH HOUR A.A	A. MONTH	DAY YEAR	2)c. HOW INJURY OCCUP	RRED (ENTER NATU	RE OF INJURY IN IT	EM 18 PART I ORPART 2)	
VG PHYS ottendir	h and Me	MEDICAL	216. IN JURY OCCURRED WHILE NOT WHILE AT WORK		ET, FACTORY, OFF		211. LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ATTENDIR spitol or CTOR: A	of Healt of Healt 121 is ma		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (well (did) (did n	pital) attended the	deceased from 221	Decem 9 86 , an	ber 22, 19 86 d that in (my) (aur) apinion	death accurred	ember	22, 1986 nd have and from th	that (I) (we) last e couses stated
SPITAL OR A	should be detached with the State Dept IMPORTANT: If Item		226. SIGNATURE 22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	320	ni	ATTENDING PHYSICIAN 22e ADDRESS	MEDICAL	STAFF] PHYSICIAN [23t DAT	23/26
O HO	WPOR WPOR		T. Holcomb,				9000 Fran	klin Squ	are Dr	ive, 21	237
BP	~ > >1	23a. E	BURIAL, CREMATION, REMOVA (SPECIFY) Burial	236. DATE 12/24			METERY OR CREMATORY EMetery	236 LOCAT	on town ex	Balto.	Marÿla
	5 60M 7/84 15, 4)	C C	onnellyFuner	alHome	300Ma	čeAve.	21221 DE	C 24 1	186 A	EGISTRAR'S SIGNA	TURE

STATE OF MARYLAND



027073 DEC		3 800				OF MARYLAND		4	2 2 3	2 9
021013 026	7.	TATE REGISTRAR		DEPAR		CATE OF DEATH	HYGIENE	REG. NO.	0 0 7	
y be deoth		CEASED NAME OR PRINT) ANTHON		A P	iAZZ	A	20. DATE 0		6 DAY YEAR	1820 _M
oge 4 mo rector, po urs ofter c	3. SE:	MALE	CAM	CASIAN	S DATE O	F BIRTH $ \begin{array}{ccccccccccccccccccccccccccccccccccc$	7	YEARS LAST BIRTHDAY		IF UNDER 24 HRS. HOURS MIN.
death. Pe	Ma	RTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY	MARRIED WIDOWE	NEVER MARRIED DIVORCED	7	ORE CITY OR COU	of Balt:	imore _{MD.}
Softer of the fire	R	AND AUSTOWN		CH FACILITY, GIVE STREE	CY ADDOCTES	ROTHER INSTITUTION HOSP.		OCCUPATION RKFOR MOST OF WORKIN ed from N	G LIFE) INDUSTRY	of BUSINESS OR
YLAND 212	13a S Ma	THER'S NAME	imore	Randal	WN	13d INSIDE CITY LIMIT YES NO ST	13e.STREET 3847	ADDRESS / ZIP C Elmcroft	ODE Rd. 2	1133
(1) 1 3 Y		Vincent	MIDDLE	Piazza			enera		enzia LAS	đ
one be system on the poet of t			IVE WAR OR DATES)	218-07-		^{17. INFORMANT} Ra Mrs. Rena				
ST., BALT		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per			monary	0.	est		IMATE INTERVAL ONSET AND DEATH
W. PRESTON of the death ce you the attending se remove carb cremation, or remaining other traumatic		Conditions, if any, which gove rise to immediate cause [0], stating the underlying cause last.	(b)	R AS A CONSEO	4,6	heral?	Failu	Heart		
RDS, 201	NO	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	ONTRIBUTING TO	DEATH BUT	3_	TERMINAL DISEAS	SE OR CONDITION	GIVEN IN PART 1	a ·
AL RECORDS, the low required to the sign that the low required to the sign that the lower tene prior to the lower only injury to the lower l	CERTIFICATION	190 DATE OF OPERATION	196 COND	ITION FOR WHIC	H OPERATION	WAS PERFORMED	200 AUT		YES, WERE FINDING CAUSES	
ON OF VITA IYSICIAN: T ding physici is certificote burioltronsi Mentol Hygg sk them 8 sh		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI	ATH HOUR A.		DAY YEAR	21c HOW INJURY OC	CURRED (ENTERN	ATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
NG PHYSICIA offending pl wher this certif th and Mental orked of tem	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE 1 AT HOME, ST	OF INJURY REET, FACTORY, OFFICE	FARM, ETC.)	211 LOCATION STREET		CITY OR TOWN	COUNTY	STATE
ENDI Polor Truse Heol		22a I certify the (1) this hosp saw the deceased alive a above (1) we) (did) (did n			500	d that in (my) your) api	nian death accurre	ed on the date and	havr and fram the	tho (1) (we) last causes stated
the hor the hor the beat Direction of the Depth of the De	8	226. SIGNATURE	7.56	ew			G MEDICAL N DIRECTOR	STAFF PHYSICIAN	22¢ DATE / 2 -/	SIGNED 10-8-6
TO HOSPITAL reformed by 1 TO FUNERAL should be des with the Store		22d PHYSICIAN'S NAME AYPE	W. 54e	-NX-1		36. ADDRESS 362061	hertxi	RAZM	reall stown)	4421133
BP		URIAL, CREMATION, REMOVA SPECIFY) Burial	12-13-	-86 No	ew Cath	METERY OR CREMATO	tery Bal	timore (City MD	STATE
DHMH - 16 60M 7/84 (VRA 15, 4)		NERAL DIRECTOR Loring 28 Liberty Rd.					EC121	REGISTRAR 256. REC	GISTRAR'S SIGNAT	



STATE OF MARYLAND

	FOR STATE REGISTRAR		DEPARTM		EALTH AND MENTAL HYG ICATE OF DEATH	0 0	S	3 7	-
1. DEC	CEASED NAME FIRST E OR PRINT! ALbert		MIDDLE	Pila	RSKI Sr	20. DATE OF DEATH 12/24	MONTH DAY	YEAR	26 HOUR 9:45
3. SEX	x Male	4 RACE Whi	te	5. DATE C		6. AGE (IN YEARS LAST BIRT	HDAY) IF U	THS DAYS	HOURS A
	IRTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVERMARRIED	9. BALTIMORE CITY OF	COUNTY OF	nty	
10. CI	TOWSON		HOSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	12a USUAL OCCUPATION (1YPE OF WORK FOR MOST OF TOTEMAN	NC	126 KIND O INDUSTRY	F BUSINESS Ste
13a S	AL RESIDENCE (IF NURS HE HOME		GIVE RESIDENCE BEFORE 136. CITY OR TOWN Baltimo	N	13d. INSIDE CITY LIMITS? YES X NO	13e.STREET ADDRESS / 5020 Cro		Ave.	
.4. FA	ATHER'S NAME FIRST Andrew	MIDDLE J.	Pilars	ki	15. MOTHER'S MAIDEN NAM	MIDDLE A.		Zawo	rski
16a W	WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES?	213-07-3		17. INFORMANT	ADDRE	SS -		
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	anly one cause per SED BY.	ne far (a), (b), and	tee	Cu. of	Lung		BETWEEN	MATE INTERVA
	Conditions, if any, which gave rise to immediate cause (a), stating the	DUE TO, OI	R AS A CONSEQUE	NCE OF					
ICATION	gave rise to immediate	(c) CONDITIONS <u>CC</u>	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED	INAL DISEASE OR CONE	20b. IF YES, W	VERE FINDIN	VGS USED
AL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D	CONDITIONS CO	DNTRIBUTING TO D	OPERATIO		20a AUTOPSY? YES NO	206. IF YES, WIN CERTIFYIN	VERE FINDING CAUSES	VGS USED
MEDICAL CERTIFICATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	CONDITIONS CO	DNTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA M.	OPERATIO AY YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, W IN CERTIFYIN YES [Y IN ITEM 18 PART	VERE FINDING CAUSES	NGS USED OF DEATH
	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DESTRUCTION CONTRIBUTING NOTIFY MEDICAL EXAMIN	CONDITIONS CO	DNTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, FI LE deceased from	OPERATIO AY YEAR 19 ARM, ETC.)	N WAS PERFORMED 216. HOW INJURY OCCURE	20g AUTOPSY? YES NO CED (ENTER NATURE OF INJURE) CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES [VERE FINDING CAUSES 1 OR PART 2)	NGS USED OF DEATH NO
	gave rise to immediate cause (a1, stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DESTRUCTION 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22a. I certify that (I) (this has saw the deceased plive or	CONDITIONS CO	DNTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, FI LE deceased from	OPERATIO AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURE 216. LOCATION STREET 19 10 DEGREE ATTENDING	20g AUTOPSY? YES NO CED (ENTER NATURE OF INJURE) CITY OR TOWN	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART WN 19 19 19 19 19 19 19 19 19 19 19 19 19 1	COUNTY COUNTY 222. DATE	NGS USED OF DEATH NO STA
	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D CHIEF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED WHILE NOTIFY HOT (I) (this hos) saw the deceased drive a above, (I) (well did) (did)	CONDITIONS CO	DNTRIBUTING TO D ITION FOR WHICH IF INJURY M. MONTH DA M. OF INJURY REET FACTORY, OFFICE, FI LE deceased from	OPERATIO AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURE 216. LOCATION STREET 19 10 DEGREE ATTENDING	200 AUTOPSY? YES NO CITY OR TO. CITY OR TO. MEDICAL STAF	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18 PART WN 19 19 19 19 19 19 19 19 19 19 19 19 19 1	COUNTY COUNTY 222. DATE	NGS USED OF DEATH NO sta
WEDICAL MEDICAL	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DESTRUCTION 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 22o. I certify that (I) (this has saw the deceased alive a above, (I) (we) (did) (did in 22b. SIGNATURE	CONDITIONS CO	ITION FOR WHICH	OPERATIO AY YEAR 19 ARM, ETC.)	216. HOW INJURY OCCURS 216. LOCATION STREET 217. LOCATION STREET 218. ATTENDING PHYSICIAN 220. ADDRESS	20g AUTOPSY? YES NO CITY OR TOV TO 2244 Death occurred on the do MEDICAL PHYSIC MEDICAL PHYSIC WEY VALUE 23d LOCATION CITY OR TOWN BRITIS	20b. IF YES, WIN CERTIFYIN YES [YIN ITEM 18. PART WIN 18. PART WIN 19. PART WIN 19	COUNTY 22c. DATE 12/2 COUNTY Maj	stantill (h) (we couses stote

Baltimore, Maryland

DHMH - 16 60M 7/84 (VRA 15, 4)

Leonard J. Ruck, Inc.

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Ruck Towson, Funeral Home, Inc. Towson, Md. 21204 DEC

- STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE the business a second or mestal and a state-off

						SIAI	E OF MARYLAND		w	47	
		FOR - STATE REGISTRAR			DEPART		EALTH AND MENTAL HY	GIENE O O	10.	5 7	the stage of the s
		CEASED NAME	FIRST		WIDDLE		AST	20 DATE OF DEATH	MONTH E	DAY YEAR	2b. HOUR
12625 to DEC -		C	ARL	I 4 RACE	POH	LNER		DECEMBER		986	8:30A _M
ge 4 ff		MALE		WHI	TE	SEP!	DAY YEAR	6. AGE (IN YEARS LAST BI		FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
9 5 5 S	7a B	RTHPLACE (STATE OR F	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8		9. BALTIMORE CITY		OF DEATH	
leoth in 72	10.0	MARYLAND ITY OR TOWN OF DEA	T4.1	U.S		WIDOW	DIVORCED D	BALTIMOR			MD.
00		21234		1780	JOAN A	ØENU]	OR OTHER INSTITUTION E 21234	SALES MA			ERY
E, MARYLAND 2120 completely filled in the long should be line.	M.	AL RESIDENCE (IF NURSI STATE RYLAND	BALT	OTHER INSTITUTION TIMORE	136. CITY OR TO	34	13d. INSIDE CITY LIMITS?	1780 ADDRESS	VZIP CODE	. 212	234
YLA thin thin	_	ATHER'S NAME					15. MOTHER'S MAIDEN NA				
.; MAR		AUGÜST		MIDDLE	POHINE		AGNES	WIDDLE		SCHUÏ	BERT
BALTIMORE The be executed to an and a second of a seco	16a \	MAS DECEASED EVER I		MED FORCES? E WAR OR DATES)	212-03-		ELVERA M.	POHLNER17		AN AVI	E. 21234
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., MG PHYSICIAN. The Earliest than the death with attending physician. The burnel-transit permit The please by the attending physician from speak moves about the and Americal Hygieste prior to burnel, creinfallicia, or amount of the death at them 18 shoes page injury, or other troumptic every and attending them.	NO	Conditions, if any, gave rise to imm cause (a), stating underlying cause	which ediate the last.	DUE TO, O (b) DUE TO, O (c)	R AS A CONSEOU	ENCE OF	NOT RELATED TO THE TERA	AINAL DISEASE OR CON	DITION GIVE	4	IMATE INTERVAL ONSET AND DEATH
AL RECOI	CERTIFICATION	19a. DATE OF OPERAT	ION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	NGS USED OF DEATH?
IOF VIT		21a. ACCIDENT WAS UNDE OR CONTRIBUTING CO	AUSE OF DEA		DF INJURY M. MONTH D. M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PA	RT OR PART 2)	
NVISION and PHYS at the burner of the burner	MEDICAL	21d. INJURY OCCURRI	LE 🗍	21e. PLACE (AT HOME, STE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
ATTENDO couptiol or ECTOR: A ed for user or of Healt m 21 is mo		22a. I certify that (I) (saw the deceased above, (I) (we) (di 22b. SIGNATURE				St. or	d that in (my) (our) apinian		, 1 ate and hour	and from the	
TAL OR YATE A SECTION OF THE A SEC			ani	~ ~	Jague		ATTENDING PHYSICIAN	MEDICAL STAI	F HAN []	22c. DATE :	SIGNED 5/86
O HOSPIT TUNES O FUNES NAPORTAN		ARTHUR S	SERP	ICK, M	.D.	i b	G.B.M.C				
BP	23a. E	URIAL, CREMATION, R	EMOVAL	DEC.9	00/		VALLEY MET	23d. LOCATION CITY OR TOWN	m Tree	COUNTY	STATE
	24 FL	INERAL DIRECTOR					250 PLANT		TIMOF		MD
DHMH - 16 60M 7/B4 (VRA 15, 4)	WI	LLÏAM E.	JOH:	NSON85	21 LOCH	RAV	EN BLVD	EREC 5 BY RE 9986	Z3B. REGISTR	Devidor	URE

0.2023 2018037

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO LAST 26 DATE OF DEATH MONTH 86 1 ans 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR 1895 MONTH DATS XX 90 YRS 9. BALTIMORE CITY OR COUNTY OF DEATH

ancaSIAN 76 CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED WIDOWED

NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION

DIVORCED |

BALTO. COUNTY 120 USUAL OCCUPATION

HOUSEWIFE

12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY AT HOME

CITY OR TOWN OF DEATH RANDALLTOWN

POLAND

FIRST

EMALE

essie

4. RACE

MIDDLE

18 CAUSE OF DEATH (Enter only one cause per line for 1046), and ic

IMMEDIATE CAUSE (a

BALTO COUNTY GENERAL HOSPITAL USUAL RESIDENCE LIF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONS

U.S.A.

BALTIMORE 13d. INSIDE CITY LIMITS?

13e STREET ADDRESS / ZIP CODE 7403 SEVEN MILE LANE 21208 15 MOTHER'S MAIDEN NAME

sershanowitz

14 FATHER'S NAME ZUKON

OZER

166 SOCIAL SECURITY NO -354

MOLLIE ADDRESS 17. INFORMANT

MRS. FLORENCE LAYTON 6306 IVYMOUNT RD. 21209

Conditions, if any, which gave rise to immediate cause (a), stating underlying couse

PART I. DEATH WAS CAUSED BY:

DUE TO, OR AS A CONSEQUENCE OF

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 19a DATE OF OPERATION

196. CONDITION FOR WHICH OPERATION WAS PERFORMED

200 AUTOPSY?

NO

CITY OR TOWN

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER)

21d. INJURY OCCURRED NOT WHILE

HOUR A.M. 21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE FARM ETC.)

21h. TIME OF INJURY

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) MONTH DAY YEAR

211 LOCATION

22b. SIGNATURI

22d. PHYSICIAN'S NAME ITYPE OF PRINT AWRENCE JOLOM ON

220.1 certify that (1) (this haspital) attended the deceased fram.

22e ADDRESS

600

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN [22c. DATE SIGNED

24 FUNERAL DIRECTOR

230 BURIAL, CREMATION, REMOVAL 23b. DATE BURIAL 12/17/86 231 NAME OF CEMETERY OR CREMATORY ARLINGTON CEMETERY

DEGREE

23d. LOCATION BATTTMORE

and that in (my) (our) opinian death accurred an the date and hour and fram the causes stated

COUNTY MD STATE

SOL EEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTIMORE, MD 21215

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/B4 (VRA 15, 4)

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

A Commence of the Commence of

STATE OF MARYLAND

23c. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

23a. BURIAL, CREMATION, REMOVAL

Burial Dec. 5,1986 Prespect Hill 24 FUNERAL DIRECTOR ADDRESS 6500 York Rd. Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

23b. DATE

CITY OF TOWN STATE Towson, Baltimore Co., Md 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE

23d LOCATION

2b. HOUR

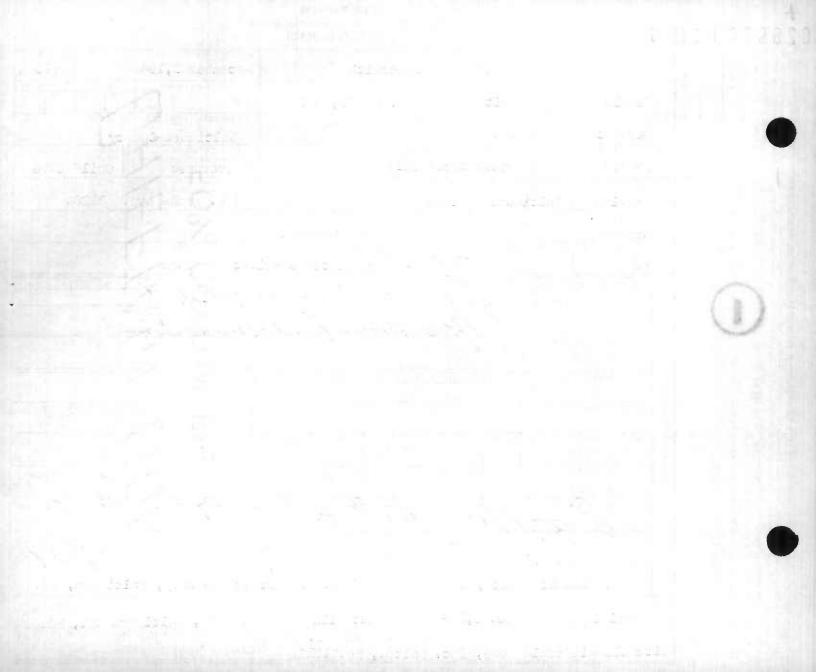
1.A5T

NO [

STATE

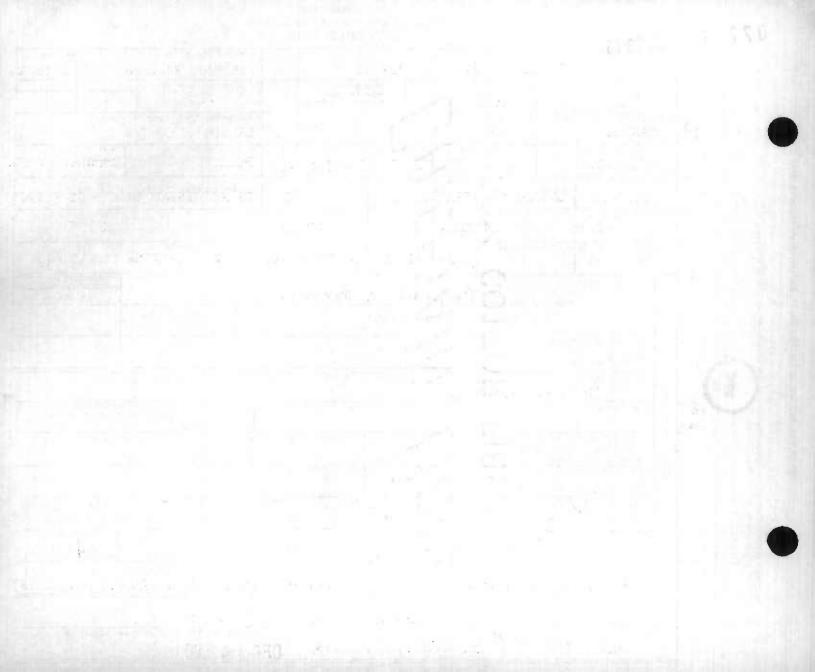
4:15 A

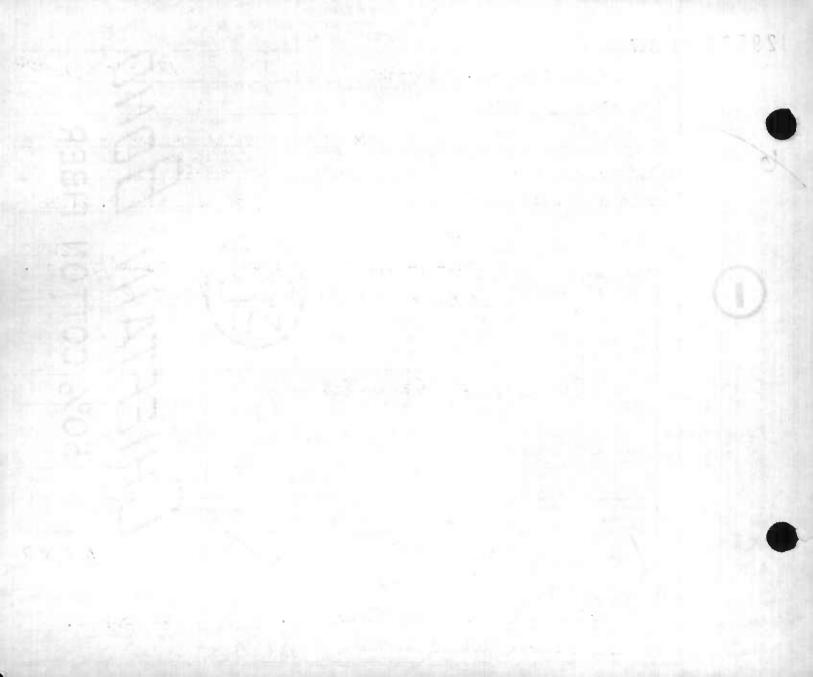
IF UNDER 24 HRS



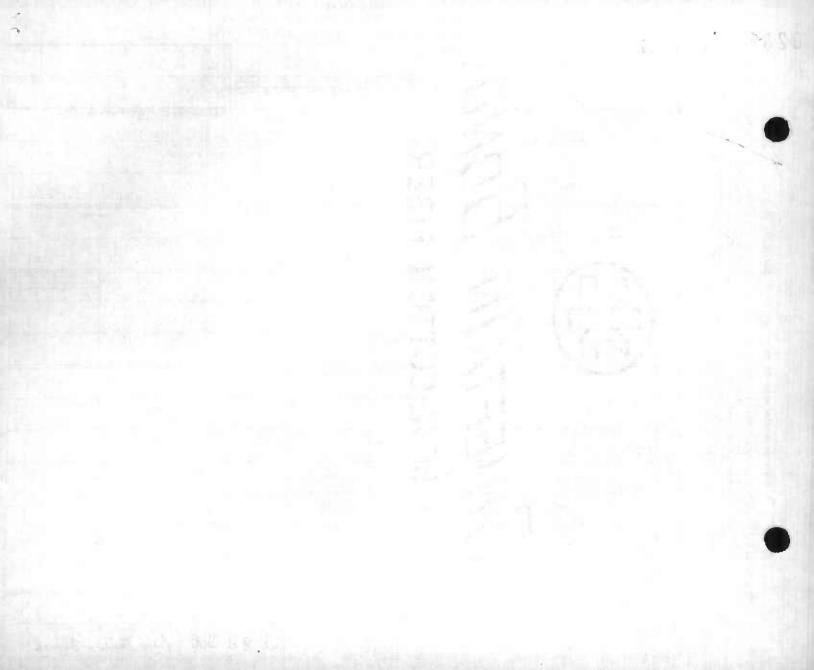
BP. DHMH - 16 60M 7/ (VRA 15, 4)

ni	- STATE			DEPARIM		ICATE OF DEATH	REG. N	0.	0 /	
	DECEASED NAME	FIRST	,	MIDDLE	ı	AST	20. DATE OF DEATH	MONTH DAY	YEAR	26 HOUR
(TYPE OR PRINT)	BERNAF	RD .	J.	POSNE	ER	DECEMBER 1	4,1986		10:30AM
3	MALE MALE	4	RACE WHITE		5. DATE C	DE BIRTH LY 4°,1910 ^{EAR}	6 AGE (IN YEARS LAST BIR	THDAY) IF UI	NDER I YEAR	IF UNDER 24 HRS HOURS MIN.
Ø 70	MARY LAND	OR FOREIGN 7	USA	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY OF BALTIMORE	R COUNTY OF	DEATH	MD.
10	PIKESVILI					DE #2(21208)	OWNER FOR MOST C	ON OF WORKING LIFE)		STERY CO
5	SUAL RESIDENCE (# N 30 STATE MARYLAND	URSING HOME OR O 13h SQUNT BALT	THER INSTITUTION.	PIKESVII		13d. INSIDE CITY LIMITS? YES NO 14	132 STREET ADDRESS	ÉNGɰCIR	CLE #	2 (21208
) 14	FATHER'S NAME SÖLON	MON "	PIDDLE P	OSNER		SYEVIA	WE		KAT2	MAN
16	(YES, NO OR UNKNOWN	PRIN U.S. ARM	ED FORCES? WAR OR DATES)	212-01-1		GERTRUDE POS	SNER 27 STON	iss IEHENGE		
	18 CAUSE OF DE PART 1. DEATH	ATH (Enter only I WAS CAUSED IMMEDIATE	BY:	Carcini, (b), one		Jancreas			BETWEEN O	MATE INTERVAL ONSET AND DEATH
	Canditians, if a gove rise ta cause (a), stounderlying ca	immediate ating the use last	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	NINAL DISEASE OR CON	DITION GIVEN I	IN PART 110	1
2	190. DATE OF OPE	RATION	196. CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES □ NXXXX	20b. IF YES, WI IN CERTIFYING YES	G CAUSES	NGS USED OF DEATH?
	OR CONTRIBUTION	CAUSE OF DEATH	216. TIME O HOUR A.	M. MONTH DA	Y YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART I	ORPART 2)	
	(IF EITHER, NOTIFY M 21d INJURY OCCI WHILE AT WORK	WHILE WORK	21e. PLACE ((AT HOME, STR	OF INJURY BEET, FACTORY, OFFICE, FA	ARM, ETC.)	211 LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
	22a I certify that saw the dece obove, (I) (we	(1) this hospital cased alive an (did) (did not)		death accurred an the d	19_ ate and have an		that (I)(we) last causes stated			
	226. SIGNATURE	mald	^	duan	, my		MEDICAL STAI	FF CIAN [22c. DATE S 12/16	^
	22d. PHYSICIAN'S	in and F	- ried				HEIGHTS AVI	E. BALTC)., MD	. (21215)
	BURIAL, CREMATIO BURIAL	33.24	236. DATE 12/15	101		EMETERY OR CREMATORY ON CEM.	23d LOCATION CITY OF TOWN BALTIMORI	E, MD.	YIMUC	STATE
4 24	FUNERAL DIRECTOR	SOL LEVE	INSON &	BROS. D. BALTO.	, MD	. (21215) 25a DAT	E REC'D. BY REGISTRAR			JRE





DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME 20 DATE KNOWN X MONTH (TYPE OR PRINT) ESTI-CESSARY, PLEASE FILE DIRECTOR. FOUR FILES. FILE N 72 HOURS PRESION STREET, (JOHN) DEATH MATED JOHNNY POWELL 18 86 19 6. AGE (IN YEARS | IF UNDER 1 YR. 3 SEX 4 RACE 5. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR 2c. DATE LAST BIRTHDAY) PRONOUNCED 7/17/40 4 6YRS DEAD 19 86 9A M Th. CITIZEN OF WHAT COUNTRY? 76 BIRTHPLACE (STATE OR 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED WEVER MARRIED FOREIGN COUNTRY) U.S.A. Balto., Md. WIDOWED DIVORCED Baltimore County ID CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY n/a n/a 2710 Lodge Farm Rd Balto., Md. 13d. INSIDE (ITY LIMITS? 13e STREET ADDRESS YES NO X 2710 Lodge Farm Rd. 21219 13c CITY OR TOWN 30 STATE Md. Edgemere 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Tony Edwards Luna Pratt 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17. INFORMANT ADDRESS DIVISION Lenora Powell 1202 N. Collington Av 213-36-5807 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Smoke and soot inhalation IMMEDIATE CAUSE (o)___ DUE TO, OR AS A CONSEQUENCE OF gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 19a. DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? DEPARTMENT OF PRIOR TO BURIA YES X NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 SHOULD HOUR A.M. MONTH DAY YEAR UNDERLYING NOR CAUSE OF DEATH 6:30 MAY 12-18-1986 House fire. 21e PLACE OF INJURY (ATHOME 211 LOCATION STREET, FACTORY, FARM, ETC.) WHILE AT WORK house 2710 Lodge Farm Rd Balto. MD 220 I certify that I took sharge of the remains described above, held an Ascident X death resulted fram Homicide Undetermined manner TITLE (SPECIFY) ACTUAL DATE SIGNED 12-18-86 MASSistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Charles P. Kokes, M.D. 111 Penn St., Balto., MD 21201 (TYPE OR PRINT) ADDRESS 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Balto., 12/23/86 Mt. Calvary Md. 07/84 BP Burial 25M 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** Julia Dividson Randale (VR A15 ME (5)) Lerov O. Dvett 4600 Liberty Heights



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od b		22d. PHYSICIAN'S NAME	(TYPE OR PRINT)			A2e ADDRESS				' '	
TO FUNERAL should be detained by the should be detained by the State		Howard Pa	arnes			Baltimo	ore &	Greene St.			
5 € 5 € 3 ₹	23a	BURIAL, CREMATION, REM	OVAL 236. DATE			EMETERY OR CRE		23d LOCATION		COUNTY	STATE
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PHMH - 16 60M 7/B4	24. F	UNERAL DIRECTOR LOTT	ing Byers E	uneral D	irecto	ors. Inc.	25a DATE	REC'D. BY REGISTRAR	256 REGISTRA	R'S SIGNATURE	
(VRA 15, 4)	8	728 Liberty 1	Road Rando	alls town.	MD.	21133	NE	C 0 1200	Musica 1	Tendomina	include:

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 5 GSTATE REGISTRAR 6951 DEC CERTIFICATE OF DEATH REG. NO 1. DECEASED NAME LAST 2n DATE OF DEATH FIRST MONTH DAY (TYPE OR PRINT) 12 Feltr 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) MONTH YEAR BIRTHPLACE BALTIMORE CITY OR COUNTY OF DEATH I STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY) WIDOWED DIVORCED CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IE NOT IN SUCH EACHLITY, GIVE STREET ADDRESS! USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE NO P FATHER'S NAME 15 MOTHER'S MAIDEN NAME 160 WAS DECEASED EVER IN U.S. ARMED FORCES? SOCIAL SECURITY NO 17 INFORMANT (IF YES, GIVE WAR OR DATES) (YES, NO OR UNKHOWN) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES T OF VITAL 210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 19 21d INJURY OCCURRED 211 LOCATION 21e. PLACE OF INJURY CITY OR TOWN STREET (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from b, and that in (aur) apinian deoth accurred an the date and haur and from the causes stated nat) view the bady after death DEGREE ATTENDING should be deto with the State [FUNERAL PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 22e ADDRESS 0 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

STATE OF MARYLAND

YEAR

DAYS

IF UNDER 1 YEAR

2b HOUR

HOURS

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

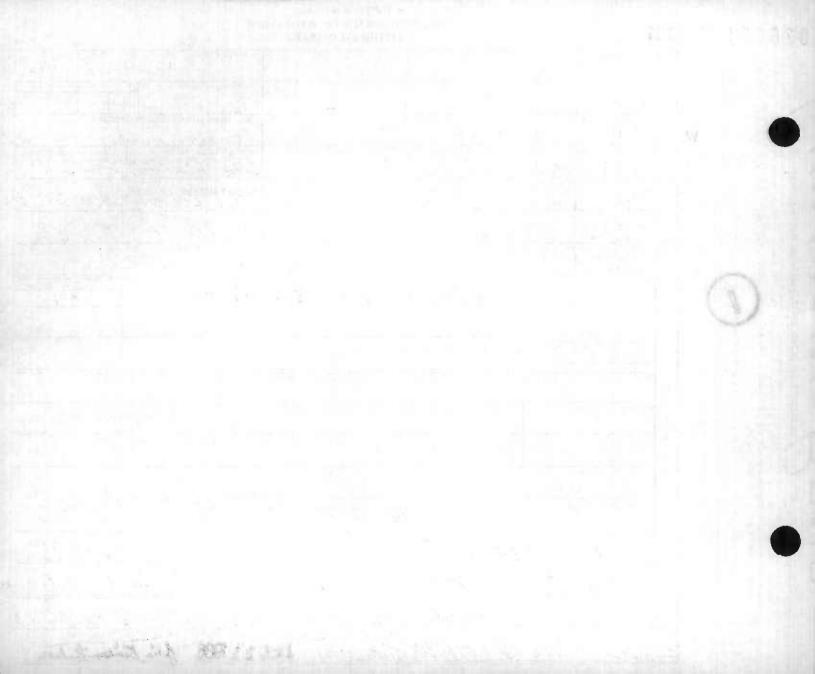
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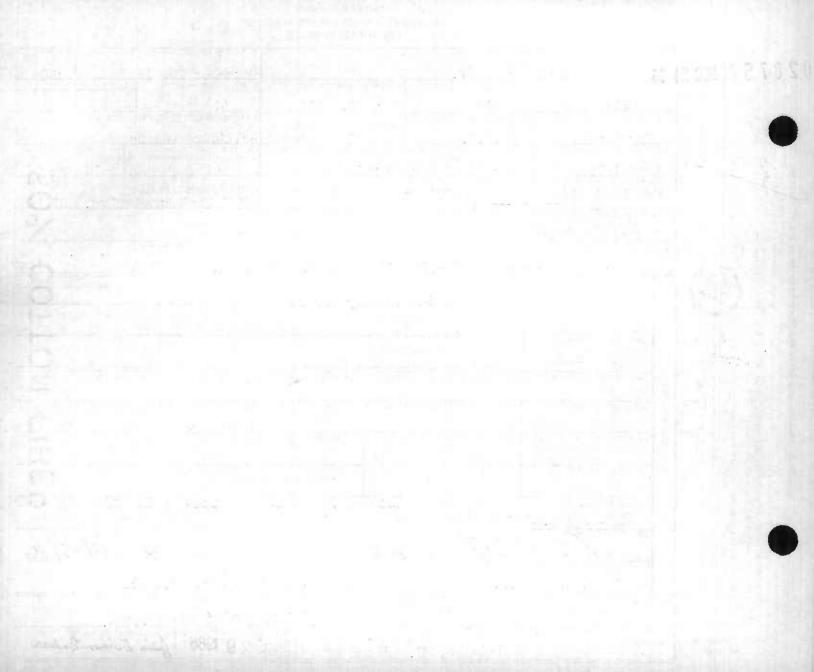
COUNTY

22c. DATE SIGNED

IF UNDER 24 HRS



							STAT	E OF MARYLAND			
			FOR STATE REGISTRAR			DEPAR	CERTII	ICATE OF DEATH	REG. N		3 3
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Ter bo		3. SE	(4 RACE		5. DATE (OF BIRTH H DAY YEAR	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER LYE	
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	2/		Marvland	1	U.S.	Α.	WIDOWI		Baltimore	County	MD.
1 1	20	10 C	TY OR TOWN OF DEA	TH A		HOSPITAL, NURS		OR OTHER INSTITUTION	12a USUAL OCCUPATI	ON 126 KIND	OF BUSINESS OR
1 10	47		ossville	1	Frank1	in Squar	re Hosi	oital	Driver		ivery Of B
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υ 0	and a		No	(IF TES, GIVI	E WAR OR DATES)	215-10-	7084	John W. Pri	ce. Jr. 2102	Flokstone	Rd / 21047
ING PHYSICIAN. The low requires that the death certical that the control of the standing physician. Mer this certificate has been signed by the attention as the burial-transit permit. Then please remove to be so she burial-transit permit then please remove to be the and Mental Hygiene prior to burial, crematian, the	ws any injury, ar ather froums	CERTIFICATION	Conditions, if ony, gove rise to imm couse (o), stating underlying couse	which ediote g the lost	DUE TO, O	R AS A CONSECTION OF PREUMOR RAS A CONSECTION OF THE PREUMON OF TH	UENCE OF UENCE OF DEATH BUT	NOT RELATED TO THE TERM	200 AUTOPSY?	20b. IF YES, WERE FINE IN CERTIFYING CAUS YES T	DINGS USED
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HOSPITAL OR ATTENDING by the hospital or FrUNERAL DIRECTOR. A build be detached for use thin the State Dept. of Heal	PORTANT: If them 21 is mor		22a I certify thorXI) sow the decease abave, (M/We)/d 22b. SIGNATUR	(this hospit d olive on id) (d X(X)X ME (TYPE OF	view the body	e deceased from 19 ofter deoth.		DEGREE ATTENDING PHYSICIAN (27e ADDRESS	deoth accurred on the do	ote and hour and from the 27c. DA'	the couses stated
of of short	<u> </u>	23a. E	URIAL, CREMATION, I	REMOVAL	23b. DATE	23	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION		
BP			Buria		12/29/	1986 N	forelar	nd Memorial Pu	Baltimore	Co. MD.	STATE
DHMH - 16 60M	7/84	24 FU	INERAL DIRECTOR	Dippe	T Funer	al Homes	Inc	25a. DA	TE REC'D. BY REGISTRAR	256 REGISTRAR'S SIGN.	
(VRA 15. 4)		7	110 Belair	Road	Balti	TO PA MO	212	ne DE	C 2 9 1986	Julia Divideor	. Kandall



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STATE OF MARYLAND

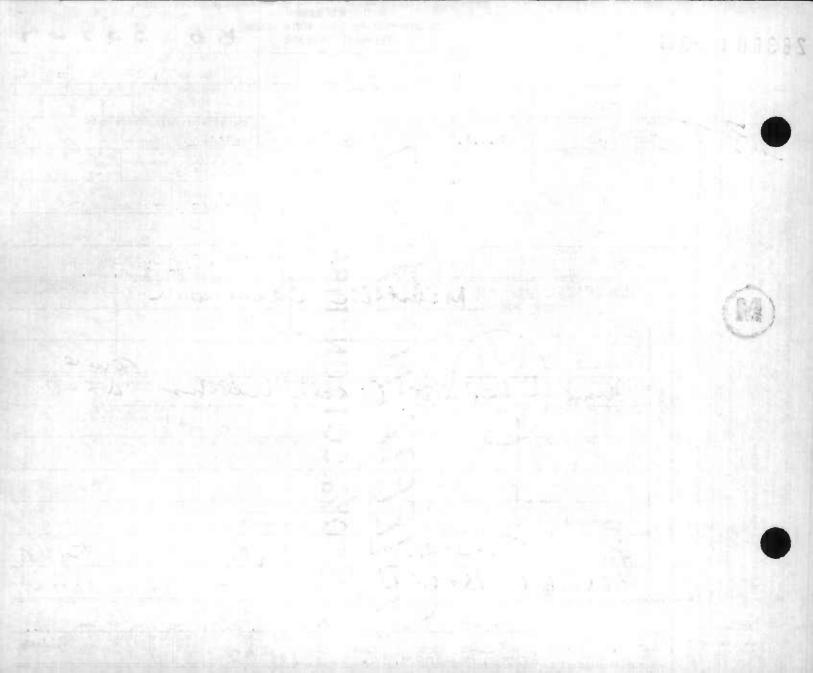
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

5 8	CREGISTRAR				CERTI	FICATE OF DEATH	REG. N	10.			
T DE	CEASED NAME	FIRST	- INTO	LAST	20 DATE OF DEATH MONTH DAY YEAR 26						
		A1-	ice RAD)A			December 6, 1986 5				
3. SE.		4.	White 5. DATE OF BIRTH 7-16-04				6. AGE (IN YEARS LAST BI	RTHDAY)	MONTHS DAYS		
	Female					6-04 TEAR	82	YRS.	MONTHS OATS	HOURS	
7a. BI	IRTHPLACE ISTATE OR F	OREIGN 76.				ED NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH		
	Maryland		U.S	.A.	WIDOW		Baltimore	Coun	tv		
J0. €	ITY OR TOWN OF DEA	(TH 1)				OR OTHER INSTITUTION	17a. USUAL OCCUPAT	ION	12b. KIND	OF BUSINESS	
Ba	altimore		Frank	lin Squ	uare Ho	sp.	Homemaker		FE) INDUSTRY		
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M FA	ATHER'S NAME	AAIF	nnie.	1245		15 MOTHER'S MAIDEN NA	ME		0 = 0,		
	Charles	W	DOLE	Tongue	9	Lillian	K.	E	Billing	sley	
	WAS DECEASED EVER	IN U.S. ARME			ECURITY NO.	17 INFORMANT	ADDR				
	NO OR UNKNOWN)	TIP TES, GIVE W	· OR OATES	216-07	-8655	B.G. Cook 770	6 Queen Ann	e Dr.	21234		
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REGISTRAR REG. NO. 1 DECEASED NAME 20. DATE OF DEATH MONTH TYPE OR PRINT page 3 12 0 1 SEX 5 DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHOAY) MONTH YEAR BIRTHPLACE I STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED COUNTRY naryland WIDOWED DIVORCED [· cerust 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Stella Mario Koppers Co. Dolaney Jacky Cruson USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE DEFORE ADMISSION Baltimore 130 STATE Towson 13e.STREET ADDRESS / ZIP CODE 13d INSIDE CITY LIMITS? MARYLAND Maryland 8415 Bellona Lane 21204 NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIGOLE LAST FIRST Lillian William Н. Vail Mary 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO ADDRESS 17 INFORMANT (YES. NO OR UNKNOWN) HE YES, GIVE WAR OR DATEST 215-07-0151 Mrs. Anna R. Denbow 203 Ridge Rd. 21014 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE to W. PRESTON DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 11g RECORDS, CERTIFICATION 0 198 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? Hygier Hygier NO DIVISION OF VIT 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00, HOUR A.M. MONTH DAY YEAR uriol-tr OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS PM 19 21d INJURY OCCURRED 01 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) morked NOT WHILE AT WORK 228 | certify that (1) (this haspital) attended the deceased fram_ sow the deceased alive on 3 - 11

above, (1) (we) (did) (did nat) view the body after death 12-11 19 810 _, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated 21 Dept. Hem 226. SIGNATURE DEGREE ATTENDING MEDICAL ld be deta the State PHYSICIAN DIRECTOR PHYSICIAN MPORTANT 270 ADDRESS Stella Maris Hospice 224 PHYSICIAN'S NAME (TYPE OR PRINT)

DHMH - 16 60M 7/84 (VRA 15, 4)

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Julia Sindson Pendage

YEAR

IF UNGER TYEAR

INDUSTRY

Allison

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COUNTY

22c. DATE SIGNED

26 HOUR

126 KIND OF BUSINESS OR

APPROXIMATE INTERVAL

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IF UNDER 23 HRS

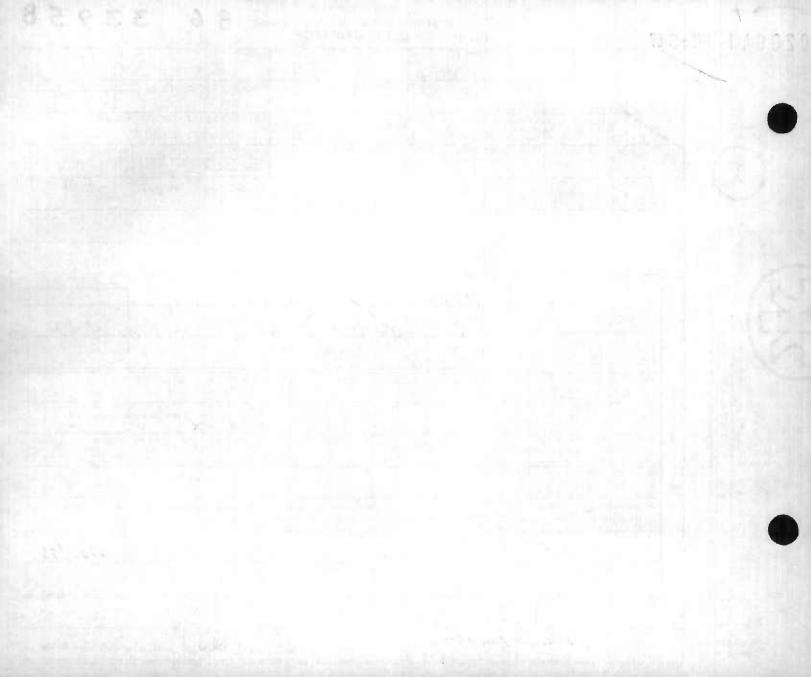
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	Carla S. Alex	ander. M D	1		Maris Hosp	
	Carra D. Hitas	ander, m.D.	Dulaney	Valle	RdTowso	n, MD 21204
	URIAL, CREMATION, REMOVAL	23b. DATE	23c NAME OF CEMETERY OR CREMA	ATORY	23d LOCATION	COUNTY
	Burial	12/13/86	Lorraine Park Cen	n.		Maryland
	NERAL DIRECTOR			25a. DATE RE	C'D BY REGISTRAR 25h	REGISTRAR'S SIGNATI
Ruc	k Towson Funera	1 Home, Inc.	1050 York Road	DF	1 5 1986	Julia Divideon

A-E-E A D - Water Commission of the Commission o

(VRA 15, 4)





26343 DEC-	FOR BETATE BEGISTRAR		DEPARTM	STATE OF MARYLAN ENT OF HEALTH AND ME CERTIFICATE OF DE	ENT AL HYGIENE	3 6 3 REG. NO.	395	59
ay be oge 3 death	I. DECEASED NAME	ELSIE	WIDDIE	REIC	H Za DATE	OF DEATH MONTH	4 86 91	58AM
ge i mo; ector. po	3. SEX Fema	le 1 RACE W	hita-	Dec. 21. 10	YEAR 210 75	IN YEARS LAST BIRTHDAY) YRS.	MONTHS DAYS HOU	NDER 24 HRS
0 4 9 9 7	70. BIRTHPLACE (STATE ORI	USA			RCED	MORE CITY OR COUNTY Balto. Count		MD.
88	Towson	St. J	oseph Hosp		UTION 120 USUA	AL OCCUPATION FOR MOST OF WORKING U CRESS WOMEN	s Indust.	Exchan
1000	Md.	Balto.	Parkvil	Le YES N		t address / zip cod 8 Wentworth	Rd. 2123	4
WARN TOUR	14 FATHER'S NAME FIRST	WIDDLE	Wohlleben	IS. MOTHER'S M	Dise	MIDDLE	_ IAST	
IMORE,	160 WAS DECEASED EVER (YES, NO OR UNKNOWN)	IN U.S. ARMED FORCES? [JIF YES, GIVE WAR OR DATES]	212-07-54			ADDRESS	3 04	19-1-7
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. B. NG PHYSICIAN: The law requires that the death central after this certificate has been signed by the off ruling this as the burnal-transit permit. Then please remove terban-sos the ond Mental Hygiene prior to burnal, cremate arked or them 18 shawsony injury, or other traument.	Conditions, if any, gove rise to improve (a), stating underlying cause PART 2 OTHER SIGN	DUE TO, O which (b) necliote g the DUE TO. O	OR AS A CONSEQUEN	ICE OF Acut	My o Card	and Sepsial infan	APPROXIMATE I BETWEEN ONSET	AND DEATH
TAI RECO	190 DATE OF OPERA	TION 196 COND	ITION FOR WHICH C	PERATION WAS PERFORA	YES	NO IN CERTI		JSED DEATH?
VISION OF VITA 3. PHYSICIAN: The thrending physicion of the bund-transit and Mental Hygic ed or item 18 she ed or item 18 she	21a. ACCIDENT WAS UNIT OR CONTRIBUTING 1 JIF EITHER NOTIFY MEDI 21d. INJURY OCCURRI WHILE AT WORK 1 NOT WH AT WORK 1 NOT WH	AUSE OF DEATH CALEXAMINER) RED 21e. PLACE (AT HOME, STI	OF INJURY .M. MONTH DAY .M. OF INJURY REET, FACTORY, OFFICE, FAI	19 211 LOCATION		CITY OR TOWN	PART I OR PART 2)	STATE
OR ATTENDING he hospital or of DIRECTOR: Afre ached for use os Dept. of Health If hem 21 is mort	22a I certify that (I) saw the decease	(this hospital) attended th	1 19	DEGREE	19 3 to tour) opinion death occu	rred on the date and how	19 Sc., that (or and from the cause	s stated
TO HOSPITAL retoined by the TO FUNEE AL should be det M. HIT State M. HOSPITAL	22d PHYSICIAN'S N. Ade L 230. BURIAL, CREMATION,	S.EL-1	tenna"	PH 226. ADDRESS WE OF CEMETERY OR CRI	YSICIAN DIRECTO	DR PHYSICIAN D	112-1	
BP	Burial	Dec.6		reland Mem.	EWALOKI 138 FO	Baltimore	COUNTY	STATE
DHMH - 16 60M 7/B4 (VRA 15, 4)	24 FUNERAL DIRECTOR Leonard J	. Ruck Inc.			DEC 5	Y REGISTRAR 256. REGIS	Danden Por	lack

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Duda-Ruck Funeral Home of Dundalk, Inc.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

12:30A M

IF UNDER 24 HRS

17h KIND OF BUSINESS OR

Beth. Steel

APPROXIMATE INTERVAL

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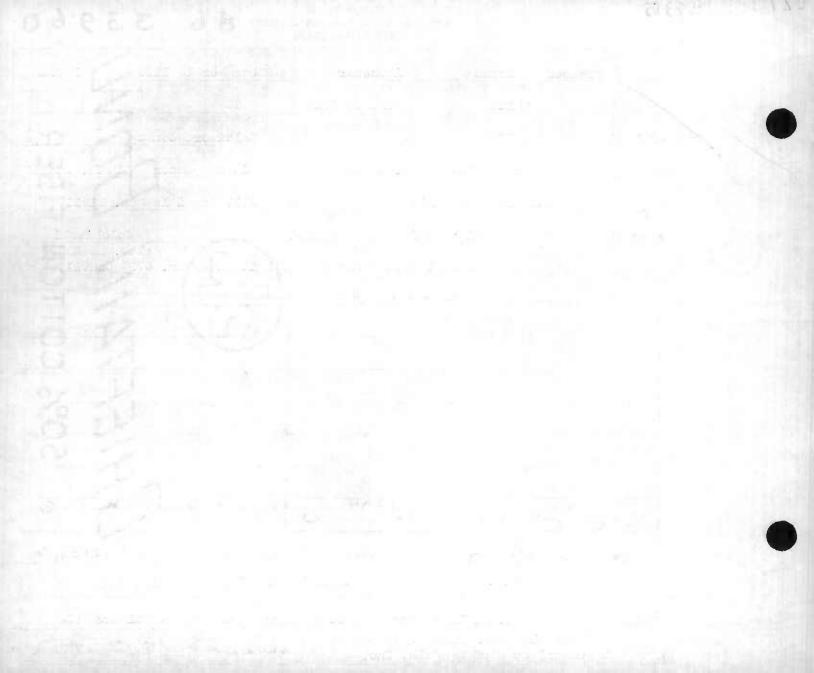
22c. DATE SIGNED

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STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR



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	mo r. po		3 SEX			4 RACE		5. DATE O	F BIRTH	YEAR	6 AGE (IN YEARS LAST !	SIRTHDAY)		FUNDER 24 HRS
	ge 4 ecto		I	Female		Caucasi	lan	9	04	1910	76	YRS		
	Pod dir	7878		OUNTRY)	OREIGN	76. CITIZEN OF W	HAT COUNTRY?	8 MARRIET	NEVER	MARRIED -	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
	deoth	0		MD		USA		WIDOWE	D.X. DI	VORCED [Baltime			MD.
	he fi	(2)	10 CI	TY OR TOWN OF DEA	TH	(IF NOT IN SUCH I	DSPITAL, NURSIN	ADDRESS)		TITUTION	120 USUAL OCCUPA (TYPE OF WORK FOR MOS			BUSINESS OR
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AND	n 24 fille	3		MD	Bal	timore	Catons	vill		NO 🔀	201 Gar	den Ri	dge Rd	
RYL	# 10	NOO	14 FA	THER'S NAME		WIDDLE	LAST		15. MOTHER	S MAIDEN NAM	WIDDLE		LAST	
W	Page 16	200		Elmer			For		Este				Kelly	
ORE,	xecu nd c	dico		AS DECEASED EVER	I HE YES GIV	E WAR OR DATES!	66 SOCIAL SECU		17 INFORMA				21228	
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ALR	The Son.	Show	RTIF								YES NO	YES		NO 🗌
>	hysic ficet	T &		210. ACCIDENT WAS UND		216 TIME OF HOUR A.M		AY YEAR	21c HOW IN	JURY OCCURR	ED (ENTER NATURE OF IN	JURY IN ITEM 18 PA	RT I OR PART 2)	
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	F 5 F 9			URIAL, CREMATION,					EMETERY OR		23d LOCATION CITY OR TOWN		COUNTY	STATE
	BP		_	remation		12-22		ecur	ty Pr	cocess	Catons	rille,	Balto	- MD
	DHMH - 16 6			INERAL DIRECTOR	-	99 Frede	ADDRESS	Road		250 DATI	REC D. BY REGISTRA	R ZSb- REGISTR	11 11	RE
	(VRA 1	5, 4)	CI	remation	Soc	lety of	MD 212	228		10 mg 0	4 1 1980		- Costo Low	d.c.l.de

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MIDDLE

FOR

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INDECTASED NAME

- STATE

(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

LAST

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2b HOUR

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dia Davidson. Randall

STATE

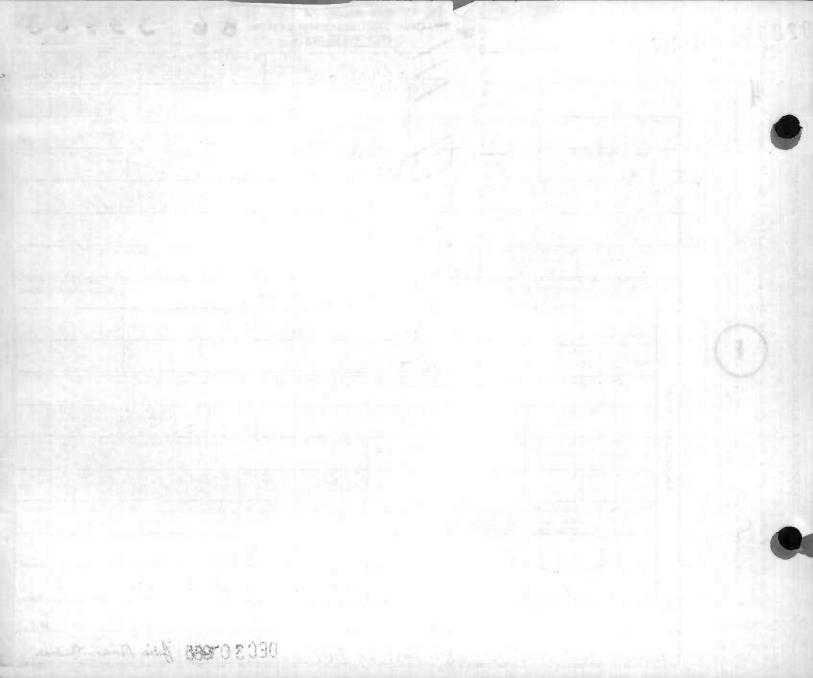
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REG. NO

MONTH

2n DATE OF DEATH





W. PRESTON ST., BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201

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TRUBURE MARRIED

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Late the motion being Male, No. 21124

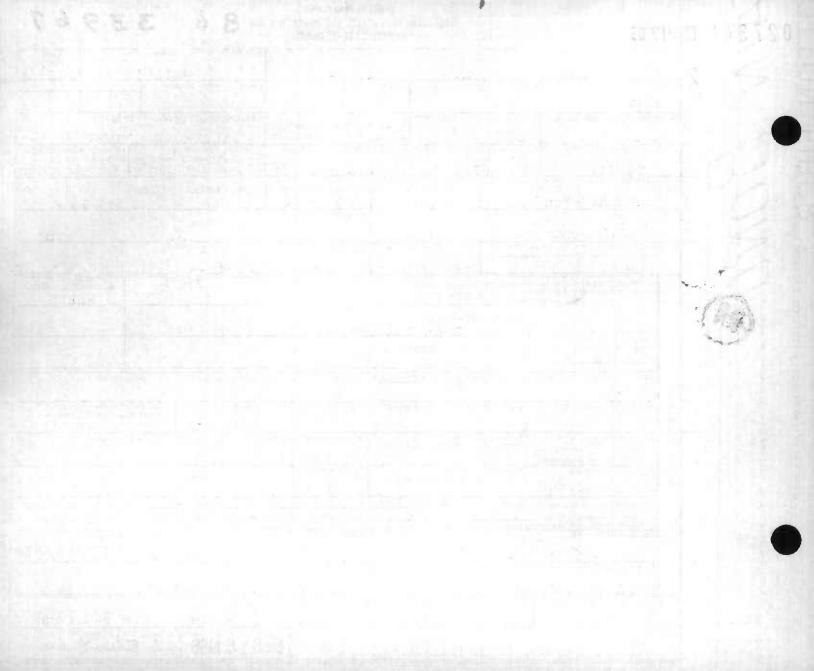
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oduga Milla, Md.

103 DEC	17-	FOR SPATE REGISTRAR		DEPA	RTMENT OF H	EALTH AND ME ICATE OF DE	ENTAL HYGI		REG. NO.	33	9	65
		CEASED NAME FIRST		WIOOFE	ı	AST .		20. DATE OF DE	ATH MONTH	DAY		HOUR 2
r deoth	(177)	Paulin	ne	13 .	Ric	Kle			12	7	86	7 PM
,	3. SE)		4 RACE		5 DATE C	F BIRTH	VEAD	6 AGE (IN YEARS	LAST BIRTHDAY)	IF UNDE		F UNOER 24 HRS
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San de]	MD	USA		WIDOWE	DO DNC	DRCED	Balti	more	COU	nty	MD.
2/	10 CI	TY OR TOWN OF DEATH	(IF NOT IN SU	CH FACILITY, GIVE ST	REET AOORESS)	R OTHER INSTIT	UTION	12a USUAL OCC			KIND OF B	BUSINESS OR
10	-11	IBWSUN	Stel:	la Mar	is Hos	pice		dry c	cleaner		ry c	leaner
2	13a. S		NE OR OTHER INSTITUTION OUNTY	13c. CITY OR T		136 INSIDE CITY	Y LIMITS?	13.STREET ADD	RESS / ZIP CO	DDE t.	2115	7
Joe /	JA FA	THER'S NAME	MIDDLE	1467		15 MOTHER'S A	MAIDEN NAM				110-5	
(0)	1	John E		Rick.	Le	Ma	ary	E1	La	Н	arma	n
2			ARMED FORCES? S. GIVE WAR OR DATES)	166 SOCIAL S	ECURITY NO. 4-0732	Mr. A		, Liber	address ty St	211 ., W		MD
		18 CAUSE OF DEATH (Ente	er only one couse pe	r line for (o), (b)	ond (c).)						APPROXIMA	TE INTERVAL
		PARTI DEATH WAS CA	USEÓ BY: DIATE CAUSE (a)	1-	card	iac 1	arres	7			E TYPE CHI	ET AINO DEATH
injury, or other tro	NOI	Conditions, if ony, which gove rise to immediate couse (o), stofting the underlying couse lost PART 2 OTHER SIGNIFICA	DUE TO, C	POSSI DE AS A CONSE	OUENCE OF	NOT RELATED TO		nal disease of		GIVEN IN	PART 110	
, ou	CERTIFICATION	19a DATE OF OPERATION	196 COND	ITION FOR WH	ICH OPERATIO	N WAS PERFORA	MED	200 AUTOPSY	20b. IF IN CER	YES, WERI	E FINDING CAUSES OI	S USED F DEATH? NO
Hem 18 sh	1	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE O (IF EITHER NOTIFY MEDICAL EXAM	F DEATH HOUR A	M. MONTH		21c HOW INJU	JRY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM	T8 PART I OR	PART 2)	HER
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY REET, FACTORY, OFF	19 ICE, FARM, ETC.)	211. LOCATION STREET	1	CII	TY OR TOWN	co	YINU	STATE
		220.1 certify that (I) (this h sow the deceased oliv- obove, (I) (we) (did) (di 22b. SIGNATURE	ospital) attended the on 12 do not view the body	11 1	9 <u> 36</u> , or	d that in (my) (o		mEDICAL DIRECTOR F			rom the cou	
MPORTANT	- 13	22d. PHYSICIAN'S NAME (T	YPE OR PRINT)		-4,	22e ADDRESS	Stella	Maris	Hospice		12/	106
IMPORTAN		Carla S. A	<u> </u>					ey Rd		, MD	21204	1
	- (urial, cremation, remo specify) urial		10/86		emetery or cri			inster		roll	
M 7/B4 4)	L	Selfueto)	2 412 W	HSH LON	STON K	ed,		REC'D. BY REGIS	STRAR 25b. REG	ISTRAR'S	SIGNATURI	Ε

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DHMH - 16 60M 7/84 (VRA 15, 4)

FOR
- STATE
REGISTRAR

DISERED NAME

1.5EX

Vera

4 RACE

STATE OF MARYLAND

LAST

MIDDLE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE **CERTIFICATE OF DEATH**

S. DATE OF BIRTH

REG. NO.

20 DATE OF DEATH MONTH

6. AGE (IN YEARS LAST BIRTHDAY)

2b. HOUR

18-1986

IF UNDER I YEAR

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Aye!	THELACE (STATE OR F	OREIGN 7		WHAT COUNTRY?	8 MARRIEI	□ NEV	ER MARRIED	9 BALTIMOR	RECITY OR COL	JNTY OF DE	EATH		
M	aryland		U.S.A.		WIDOWE	100	DIVORCED	Baltin	nore Cou	inty,			MD.
	TY OR TOWN OF DEA		(IF NOT IN SUCE	HOSPITAL, NURSING HEACILITY, GIVE STREET A Dre Count	DDRESS)			(TYPE OF WORK	CCUPATION FOR MOST OF WORK	ING LIFE) INE	KIND OF DUSTRY		SSOR
JSU, 30. S	AL RESIDENCE (IF NURSI		THER INSTITUTION	GIVE RESIDENCE BEFORE 13c CITY OR TOWN WOODLAWN	ADMISSION)		DE CITY LIMITS?	13e STREET A	DDRESS / ZIP (CODE		2120	7
1-	THER'S NAME FIRST B. La		NODIE	LAST			ie Breede		WIDDLE		LAS1		
	VAS DECEASED EVER (YES, NO OR UNKNOWN)		MED FORCES? WAR OR DATES)	217-12-1		17 INFO	rmant ter E. Ga	ırman Il	ADDRESS				1043
MEDICAL CERTIFICATION	Conditions, if ony, gove rise to imm couse to, stating underlying couse PART 2 OTHER SIGN 19a DATE OF OPERAT 21a. ACCIDENT WAS UND OR CONTRIBUTING COUR WHILE OF OPERAT 21d. INJURY OCCURR WHILE NOTIFY MEDIC 22a. I certify that (I) sow the decease above. (I) (we) Id 22b. SIGNATURE CLL ACCIDENT WAS UND 22d. PHYSICIAN'S MA PLUCIAL CREMATION. I	Which neediote g the lost. WIFICANT CO EAUSE OF DEAT LALEXAMINER) WEED ILE (this hospite d dive on lid) (did not) WEE (TYPE OR	DUE TO, OR (b) C DUE TO, OR (c) SC DNDITIONS CC 19b. CONDITIONS CC 19b. CONDITIONS CC 19b. CONDITIONS CC (AI HOUR A.A. P.A. 21e. PLACE C (AI HOME STRI view the body is	R AS A CONSEQUE R AS A CONSEQUE R AS A CONSEQUE TION FOR WHICH OF TION FOR WHICH OF	NCE OF NCE OF NCE OF P V EATH BUT OPERATION T RM, ETC 1	NOT RELATION WAS PER 211. LOC	ATION ATENDING PHYSICIAN ATTENDING PHYSIC	ZOE AUTO YES RED (ENTER NAT death occurred MEDICAL DIRECTOR [PSY? 20b. IN C	N GIVEN IN IF YES, WER ERTIFYING YES M 18 PART 1 OF	PART TO	IGS USED OF DEATI NO sthat (I) (w) H?]
24 FL	urial UNERAL DIRECTOR NAME NAME N. KO	TSIS 1	12/20/ F.H., 61	/86 Lo			rk Cemete		GISTRAR M. RE	eltimo EGISTRAP'S Destes			TATE

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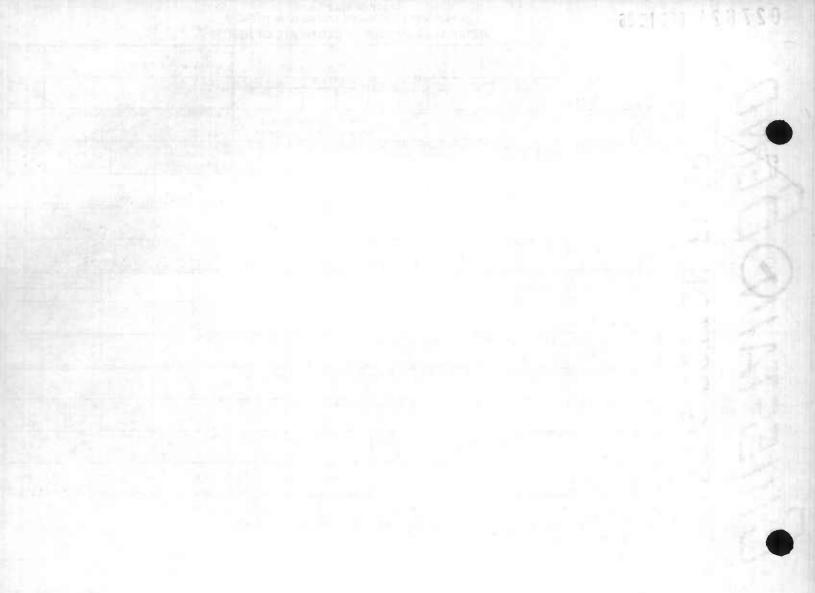
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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0	S	3	7	
REG NO				

TEGISTRAR			REG. NO.		
1. DECEASED NAME FIRST	WIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
Cathe	rine M.	Rittler	12		1:00P.M
3. SEX	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	HOURS MIN.
Female	White	MONTH DAY YEAR 2	74	rRS MONINS	HOURS MIN.
BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR		9 BALTIMORE CITY OR CO	JNTY OF DEATH	
New Jersey	U.S.A.	WIDOWED DIVORCED	Baltimore Co	ountr	MD
Towson	(IF NOT IN SUCH FACILITY, GIVE STR	SING HOME OR OTHER INSTITUTION EET ADDRESS) HOSPITA1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Homemaker	ING LIFE) 12b. KIND (INDUSTRY HO	of BUSINESS OR
I SUAL RESIDENCE OF NURSING FOME 130. STATE Maryland	OR OTHER INSTITUTION GIVE RESIDENCE BEF	ORE ADMISSION) OWN 134 INSIDE CITY LIMITS?	13. SIREET ADDRESS / ZIP 6 5702 Kenmore	cope 2	21200
14 FATHER'S NAME	Mackie Mackie	15 MOTHER'S MAIDEN NO	AME Unknown	LA	AST
169, WAS DECEASED EVER IN U.S. A		CURITY NO. 17 INFORMANT	ADDRESS		
(YES, NO OR UNKNOWN) (IF YES, C	212-36	-5297 Mr. Carl Ba	rton - 929 No.	Howard S	st. 212
Canditions, if any, which gove rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANI	DUE TO, OR AS A CONSECUTION OF THE CONDITIONS CONTRIBUTING T	QUENCE OF SOLUTION OF THE TER	MINAL DISEASE OR CONDITIO	2: ACC	nio .
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		IF YES, WERE FINDS CERTIFYING CAUSE YES [
21d IN JURY OCCURED AT WORK AT WORK	EATH HOUR A.M. MONTH	DAY YEAR 19 21f LOCATION	RRED (ENTER NATURE OF INJURY IN ITI	EM 18 PART I OR PART 2) COUNTY	STATE
saw the deceased alive of	pital) attended the deceased from 19 101 110 121 131 141 151 161 171 181 181 181 181 181 18	n, 19 , and that in (my) (our) opinion	n death occurred an the dote on		, that (I) (we) lost e causes stated
THE SIGNATURE N	m.co m	TAPA ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN [10	ESIONED
776 PAYSICIAN'S NAME (TYPE	OR PRINT)	22e ADDRESS			
Gracito Patr	icio M.D.	2926 East	Coldspring La.		
230 BURIAL, CREMATION, REMOVA (SPECIFY) Cremation	12/10/86 23	Westview Cemetery	23d LOCATION CITY OR TOWN	COUNTY	STATE
24 FUNERAL DIRECTOR	12/10/86		TEREC'D. BY REGISTRAR 256. RI	EGISTRAR'S SIGNA	TUNE
Ruck Towson Fun	eral Home, Inc.		DEU 1 0 1986 0	Deorder	. Kandallo
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1	を開発して	10. CI	TY OR TOWN OF	DEATH	11. NAME OF HO			, OR OTHE	RINSTITU	TION		L OCCUPA	TION (TYPE	OF WORK	12b. KIND	OF BUS	INESS
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9	TOWN 3	14. F/	THER'S NAME		LUDDIE.		LAST		15 MOTHE	R'S MAIDE		MID			LAST		-
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9	MANUA 7		VAS DECEASED E		MED FORCES?	16b. SO	CIAL SECURITY	NO.	17 INFORA				ADDRESS		212	_	
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28	ELECTED OF THE PERSON NAMED IN COLUMN TO PER			if ony, which	(b)												
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201	BANA NO		lying cause I	last.	(c)												
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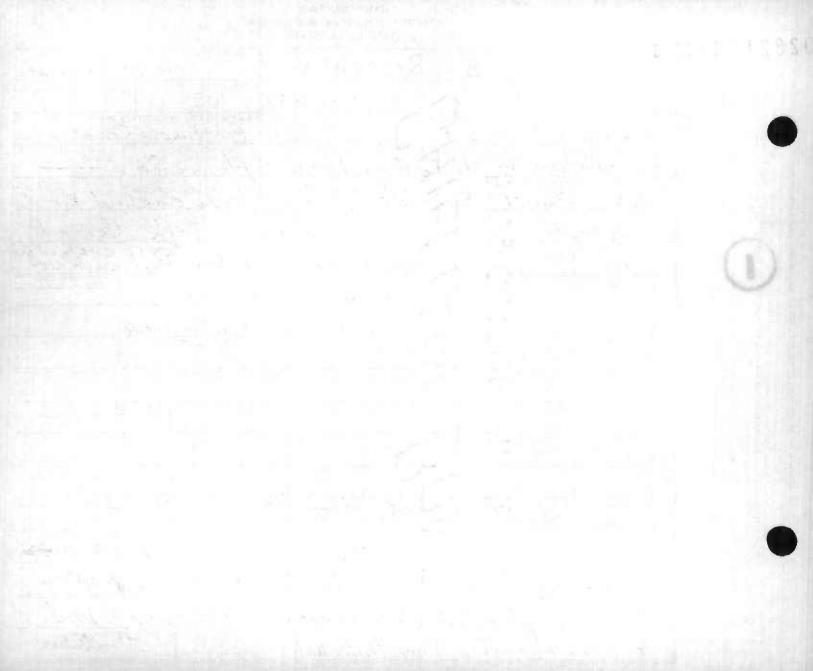
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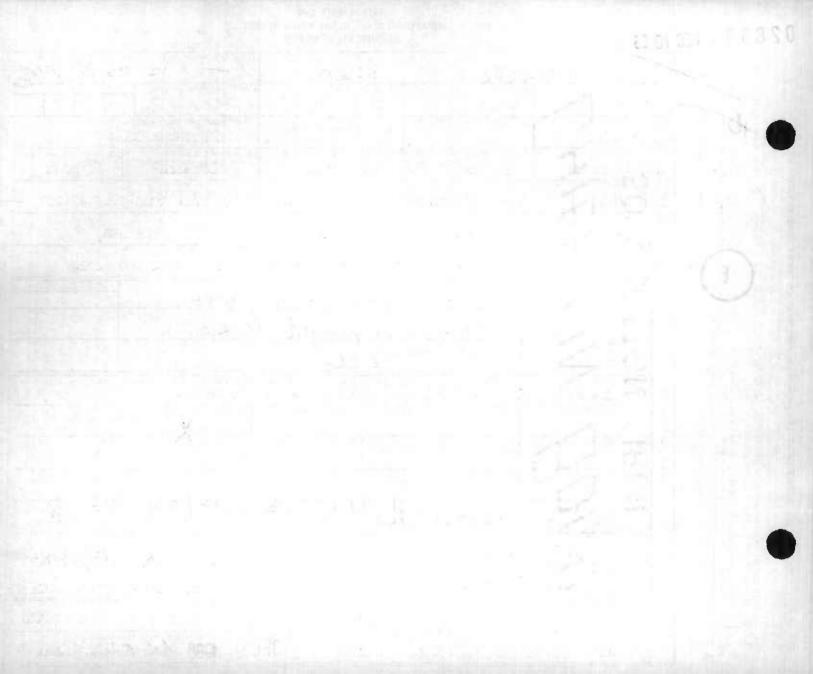
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JUHANN F. A. VOR FRANKE, M. B. GBMG 5701 N. CHARLES ST.

	It	em # 22c, Film G 622 12/29/86 I.J. STATE OF MARYLAND
La la Dil Carlon III	1 -	FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH
8211 000 20	-00	REG. NO.
0 2 1 1 000 23		CEASED NAME FYST MIDDLE LAST 20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
4 55		VIRGINIA B KOSCHEN 12 21 86 4.45PM
0 0	3. SE.	4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
edor.		Female White Sept. 23, 1897 89 YRS. MONTHS DAYS HOURS MIN.
1 12 13	76.11	THPLACE (STATE OF FOREIGN 76, CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTY OF DEATH
1 11 600	2	VIVOINIA U.S. A WIDOWED & DNORCED DATTIMONE COUNTY MD.
1 11/19	1	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FOR MOST OF WORK FOR WORK FOR WORK FOR WORK FOR WORK FOR WORK FOR WORK
1 1	450	AL RESIDENCE (IF NURS) OF OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
1 11 25	13a. S	AL RESIDENCE (IF NURS CONTINE INSTITUTION OF RESIDENCE REFORE ADMISSION) TATE 13 - CITY OF RESIDENCE (IF NURS) 130 - STREET ADDRESS / ZIP CODE 21784 130 - STREET ADDRESS / ZIP CODE 21784 130 - STREET ADDRESS / ZIP CODE 21784 2188- COAKLAND Rd Rd
1 11 17	JA E	ATHER'S NAME IS. MOTHER'S MAIDEN NAME
11/10	1	Joseph Mode Roger Pringie Delle Convad
1 10		VAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS 826 OAK (Aud Rovers No Oglyyknown) (IF YES, GIVE WAR OR DATES)
		Ma 216-05-2397D Lewis K. Koschen Sykesville, WY
Cart.		APPROXIMATE INTERVAL APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 440		PARTI DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) MYOCARDIAL INFARCTION
the confined and the co		DUE TO, OR AS A CONSEQUENCE OF M. A
den den		Conditions, if ony, which ((b) Metastate Adino cercinema
4 4115		gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF
that d by equi-		underlying couse lost. (c)
inter Gard Barring Charl	-	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110
\$ 255 T	FICATION	
1 41 1 60	GA	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
70 2010	E	YES NO YES NO NO
2 1 B 1 1 1 1	18	216. ACCIDENT WAS UNDERLYING ALISE OF DEATH HOUR A.M. MONTH DAY YEAR
55 157 17	1	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19
S W S S S S S S S S S S S S S S S S S S	ä	21d INJURY OCCURRED 21s. PLACE OF INJURY 21I LOCATION
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A STATE OF THE STA		
Z 5 # 5 # 5		170 (certify that (1) (this hospital) offered the deceased from
E 2 55 2 2		sow the deceased alive an 19 82, and that in (my) (our) opinion death accurred on the date and hour and from the causes stated above. (1) (we) (did) (did not) view the body after death
22 H21 H		276. SIGNATURE DEGREE 226. DATE SIGNED 86
A PART		MD ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN () 12.21.
E 4 4 4 5 7	1	274 PHYSICIAN'S NAME (IVPE OR PRINT) 220 ADDRESS
HOS dimed D FUN Pould t		CRAYADURG GOVINDA RAO BALT COUNTY GNL HOSPITAL
N. 5 2 3 3 4	230. 8	SURIAL CREMATION, REMOVAL 1235 DATE 1234 NAME OF CEMETERY OR CREMATORY 1236 LOCATION
BP		BuriAl Dec 24, 1986 BALTO NATIONAl Com BALTICUOIC COUNTY Md.
B	74. FI	INFRACTOR - 0 0
DHMH - 16 60M 7/84 (VRA 15, 4)	0.55	Fr Selvandt Courage Wills UN DE 23 800 Mr. Dendame Canada



026638 DEC		DR TATE DISTRAR	DEP	ARTMENT OF H	E OF MARYLAND EALTH AND MENTAL F ICATE OF DEATH	HYGIENE & O	33910		
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ge 4 mo	i. SEX	ALE	4 RACE WHITE	S. DATE C	27,1912 YEAR	6. AGE (IN YEARS LAST BIRTHDAY) 74	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
ooth. Pos	CQUI	PLACE ISTATE OR FOREIGN VIRY) YLAND	76 CITIZEN OF WHAT COUN	MARRIE	NEVER MARRIED	9 BALTIMORE CITY OR COU	NTY OF DEATH		
by the filed with		DALLSTOWN	11. NAME OF HOSPITAL, N (IF NOT IN SUCH FACILITY, GIVE BALTIMORE (COUNTY G	EN. HOSP.	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE	176. KIND OF BUSINESS OR INDUSTRY HOME		
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maky.		ISADORE	HANKIN LAS	METRO)	15. MOTHER'S MAIDEN ANNÄ	WIDDIE	VEINER LAST		
	NO WAS	DECEASED EVER IN U.S. AI NO OR UNKNOWN) (IF YES, G	WE MAD OR DATES	03-1223	5001 PACE	R.MORRIS ROSENS BROOK CT. BALTO	.,MD 21207		
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ne law require an. permit. Then ene prior to by	S (D Septis DATE OF OPPRATION	19b. CONDITION FOR W	July !	iles (2)	Lh anch on 200 AUTOPSY? 20b. I	FYES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH? YES NO NO		
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by the h by the h ERAL DIR e defache State Dep		d PHYSICIAN'S NAME CTYPE	OR PRINT)		ATTENDING PHYSICIAN		12/03/86		
TO HOSPITAL retained by the TO FUNERAL should be deter with the State IMPORTANT: I		MAL CREMATION, REMOVA	ENOUR	1234 NAME OF			NDALLSTOWN,MD21133		
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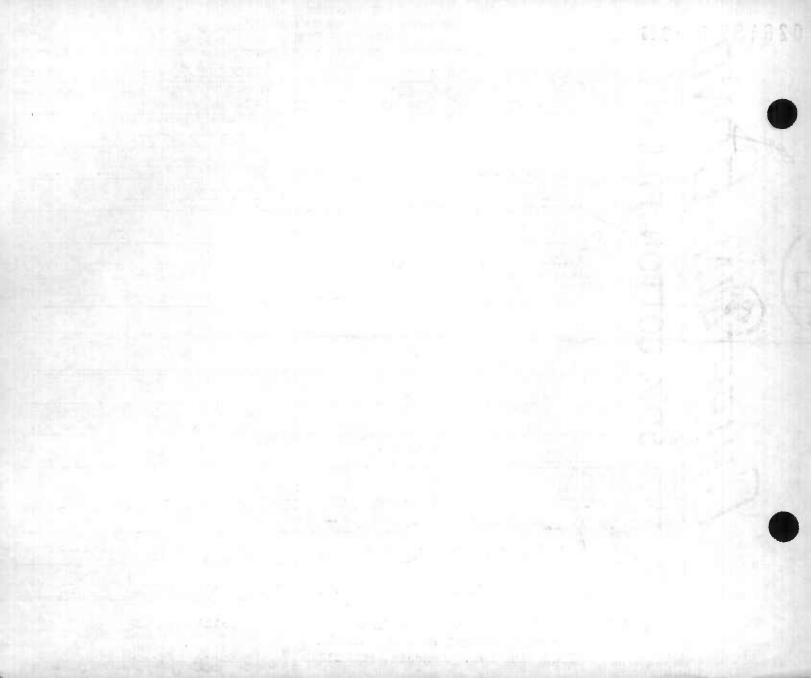


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029556 JAN	12.	STATE REGISTRAR	DEPARTM	ENT OF HEALTH A CERTIFICATE (ND MENTAL HYGI OF DEATH	ENE 5 0	33414
		CEASED NAME FIRST	WIDDIE	LAST		20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
may be page 3 er death	(TYPE	ORPRINTI LA ALLACS	5	Sosica	SR	DSCSMBSR	31 1984
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ge 4 mo ector, p	10	7016	111	MONTH D	Y YEAR	1 1	MONTHS DAYS HOURS MIN.
Poge directions	70 P	RTHPLACE (STATE OR FOREIGN 7b.	CITIZEN OF WHAT COUNTRY?	I TARCH.	50, 1925	9 BALTIMORE CITY OR COU	RS I
Got Superior		COUNTRY)	13 C A	MARRIED - NEV		0	
8 8 8	10.0	ARYLANO		WIDOWED	DIVORCED	BALTIMOR	
584	10 0	ITY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING		INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	126. KIND OF BUSINESS OR
2 5 E	T	ARKVILLE 18	319 AVODDA	ILS KOP	0	MIGHT MAG	G. REST.
bound be	13o. S	AL RESIDENCE (IF NURSING HOME OR OTH STATE 136 COUNTY	ER INSTITUTION, GIVE RESIDENCE BEFORE A		DE CITY LIMITS?	13e.STREET ADDRESS / ZIP C	CODE 21234
AND 24	M	ARYLAND BALT	MORS PARKVILL	S YES [NO 💆	8319 AVOD	()
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RE, and colling		VAS DECEASED EVER IN U.S. ARMEL		ITY NO. 17 INFO		ADDRESS	1.38-
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decoth decoth	1	C Put II II II I	DUE TO, OR AS A CONSEQUEN	NCE OF	A Un	L. a. AAIAIA.	w Zum 9/1
RES	1	Conditions, if any, which gave rise to immediate	(b)	201001	wer as in	no chances	J. Maringo
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2D1 W			(c)				
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ECO prior prior	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH C	PERATION WAS PE	RFORMED		F YES, WERE FINDINGS USED
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SICIAN ng phy certific priol-tre entol It them M		OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. MONTH DAY	YEAR			
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0 = = = =	100	220. SIGNATURE	Hand Chan	DEGREE	ATTENDING_	MEDICAL STAFF	221. DATE SIGNED
by the			View (lang)	100	PHYSICIAN X	DIRECTOR PHYSICIAN	15/8/
S b d b d k		22d. PHYSICIAN'S NAME (TYPE OR PRI	1 / 1	22e ADI	+ Jacon	1. Howidal To	War Ml. 20204
TO HO TO HO With the With the Mark to House with the Mark to House with the House	220 5	BURIAL, CREMATION, REMOVAL 1	7.7.		on costumes	1234 LOCATION	or or or
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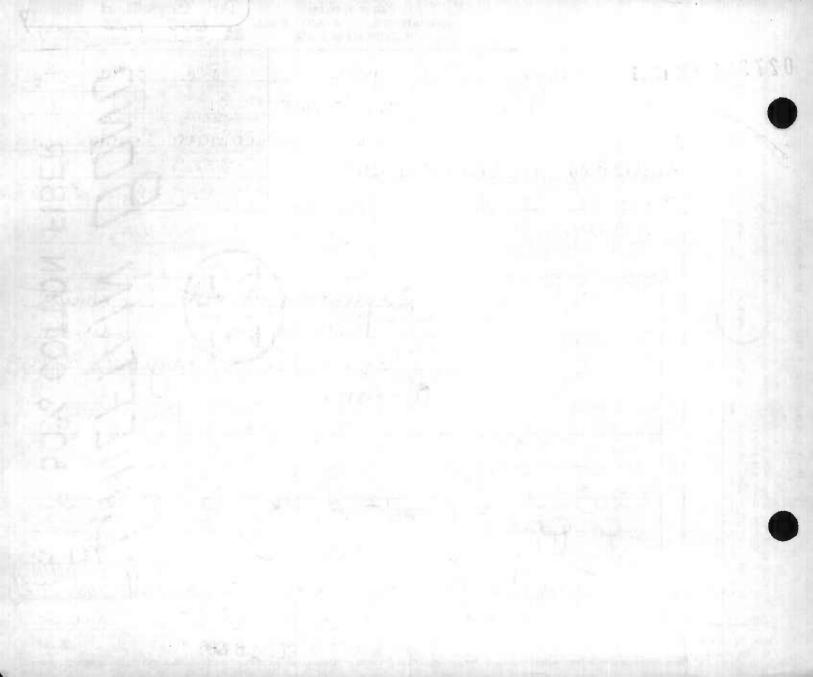
J. Carrier		FOR			DEB	ADTMEN	STATE OF M			PAIR	700		-7	3 9	, ,	
75 JAN -5	87	STATE REGISTRAR			DEF		OF HEALTH			IENE	S O	G. NO.	0	0		K.
m 5		CE ASED NAME	FIRST		WIDDLE		LAST			2a DAT	E OF DEAT	TH MOR	NTH DA	Y YEAR	2h HOU	R
pode / LL	/		rnest		Milton			uby				12	30		3:15	111
die both	3. SE	MALE	3	4. RACE		5.	MONTH		YEAR	6. AGE	(IN YEARS LA	ST BIRTHDA	Y) IF	UNDER I YEAR		24 IRS MIN.
5				White			Aug. 8	19:	22	_	4		YRS.			
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and blood by	13a S	AL RESIDENCE (IF NURS	136 COUN		13c. CITY OR	TOWN	13d. IN	SIDE CITY L	LIMITS?		ET ADDRI			nt La	ne	21030
ポスパラフ	14. FA	ATHER'S NAME	77	MIDDLE	LAS	100		THER'S MA	AIDEN NAM	۸E			71 110			0.00
INCOP.		Arthur		Milton	LAS	Rub	v	Eva			Bla	anch	e	t.	Mar	tin
the less		VAS DECEASED EVER	IN U.S. AR	MED FORCES?	166 SOCIAL	SECURITY	NO. 17 INF	ORMANT			Al	DDRESS				
4 4 /	L '	YES, NO OR UNKNOWN)	W	N II	215-1	4-663	88 Hi	lda W	. Rul	by,	210	Duke	e of	Kent	Ln.,	2103
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thon,		Conditions, if any		(b)_	HYPO	AIXC	ENCEP	HALO	PATH	Υ				SEV	. WE	EKS
by the ose rem il, cremo		gave rise ta imi cause (a), statir underlying couse	ng the	DUE TO, O	R AS A CONS	-OWI	VG PRE	VIOU	S MY	OCA	RDIA	L 11	NFAR	CTIO	N	
Then ple to burn njury, o	NO	PART 2 OTHER SIGI	NIFICANT C		EUS OF			WEL	THE TERMI	NAL DIS	EASE OR (CONDITI	ON GIVEN	N IN PART I	lta	
11000	CERTIFICATION	19a DATE OF OPERA	TION				RATION WAS		D	20a A	AUTOPSY?		b IF YES,	WERE FIND	INGS USE	
2 3 1 (SX	TIEN									YES [□ NX		YES	NG CAUSE	NO [
1019	G	21a. ACCIDENT WAS UNI	_		FINJURY M. MONTH	I DAY	YEAR 21t. H	OW INJURY	Y OCCURR	ED (ENTI	ER NATURE OF	F INJURY IN	ITEM IB PAR	T I OR PART 2)		
9117	MEDICAL	(IF EITHER NOTIFY MEDI		in	M.		19									
F 26.	(ED)	214 INJURY OCCUR	RED	21e PLACE	OF INJURY	FFICE FARM	211 LC	STREET		4	CITY	ORTOWN		COUNTY		TATE
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for use of Head		22a.1 certify that (1) saw the decease abave, (1) (we) (a	ed alive an	12/30	/	rom 1 19 86	2/01 , and that i	n (my) (our	9 <u>86</u>) opinian d	, to leath acc	urred on t	he date of	and hour o		, that (I) { e causes st	,
1 DIRECTORNEY P Dept. If them		22b. SIGNATURE		Dkai	-81-	_	DEGREE	ATTE	NDING SICIAN	MEDIC	CAL FOR PH	STAFF			ESIGNED	86
FUNERA old the da of the State		22d. PHYSICIAN'S N	AME (TYPE OF	R PRINT)	700		22e. A	DDRESS	SICIAN L	DIRECT	TOR PF	ITSICIAN		1 12	1301	00
1 8 1 E		TO THE PARTY	1	CKAI	, 50	e	G	BMC-	6701	N.	CHA	RLES	ST			
2413/		BURIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAM	E OF CEMETER				OCATION					
		Burial		1/2/	87		ney V				moni	VN	_	elto.	Me	TATE
H - 16 60M 7/B4	24 FI	JNERAL DIRECTOR		.,_,				,	-		BY REGIST	RAR 25		AR'S SIGNA		
(VRA 15, 4)	Mia	artin D. L	awson	, 10 W.	. Pado	nia F	d., 21	093	JAN	12	1987	1 4	dia Di	corder.	Randal	A.

POSSIBLE MYOCARDIAL INFARCTION IMMEDIATE HYPOXIA ENCEPHALOPATHY SEV. WEEKS FOLLOWING PREVIOUS MYCCARDIAL INFARCTION ILEUS OF SMALL SOWEL 12/01 85 12/30 86 SOMU-6701 S. CHARLES ST.



	1	FOR - STATE REGISTRAR			F HEALTH AND MENTAL HY	YGIENE 8 6) 3	397
0700	1. DE	CEASED NAME FIRST	MIDE	DLE	LAST	20. DATE OF DEATH		YEAR 26 HOUR
23/ 31 2 DI	C	786 THOM	AS	R	USSELL	De	8	1986 730
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4 90 5	1	Male	Black		10 5 1905	21	YRS.	THE DAYS HOURS MIN
2 21	70. B	IRTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WH	AT COUNTRY? 8	RIED . NEVER MARRIED	9. BALTIMORE CITY		DEATH
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1 11 80	110. C	ITY OR TOWN OF DEATH		SPITAL, NURSING HOA	E OR OTHER INSTITUTION	12a USUAL OCCUPA	ATION	126 KIND DE BUSINESS
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24 hou	13a .	AL RESIDENCE (IF NURSING NOME ISTATE ARYLAND 13 COL		E RESIDENCE BEFORE ADMISSING	13d INSIDE CITY LIMITS?	13e.STREET ADDRES	S/ZIP CODE	2/217 Y AVG
thin thin 2 sh		ATHER'S NAME		2	15 MOTHER'S MAIDEN N	IAME	William Pro-	Name and the second
y bundle	1	ABRAHAM	MIDDLE	RUSSEII	Ru bu	WIDDLE	11)2	557m
d corte		WAS DECEASED EVER IN U.S. A	RMED FORCES? 16	SOCIAL SECURITY NO		ADD	RESS	7 7 1
Pages medica	-	YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)		Chart'		1	
te b		18. CAUSE OF DEATH (Enter of	only one couse per line	e for (a), (b), and (c),)		N		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
hy ovent		PART I. DEATH WAS CAUS	ED BY: ATE CAUSE (0)	Da	prestory	aures		MINICAL
odice odice		IMMEDIA		S A CONSEQUENCE O	h	1		A
a de la composición della comp		Conditions, if any, which	(b)	S A CONSEQUENCE O	rounon	Ca	7. 2.3	Lixola
by the attention of the control of t		gove rise to immediate couse (0), stating the	DUE TO OR AS	S A CONSEQUENCED	0(1	JA DI		
by by assert, credit, credit,		underlying couse lost.	(6)	SACONSEGOLACIO	NOMIC UBSTV.	utive W/	MUYCE CY	10000 40v
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The rings	CERTIFICATION			Dam	entra.		U	
s bee	CA	190 DATE OF OPERATION	196. CONDITIO	N FOR WHICH OPERA	ION WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	VERE FINDINGS USED
The harmonist per yelene shaws	T H					YES NO	YES [] NO []
Z S D D I S		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		JURY MONTH DAY YE	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN	JURY IN ITEM IB PART	OR PART 2)
HYSICIA nding ph his certifi burial-th d Mental ar Item	CA	(IF EITHER NOTIFY MEDICAL EXAMIN	ER) P.M.		9			
1 6 6 - 0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF (AT HOME, STREET,	INJURY FACTORY, OFFICE, FARM, ETC	21f LOCATION STREET	CITY OR	TOWN	COUNTY STATE
After 18 e os the alth ond		AT WORK AT WORK			4	/		
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R ATTEN naspital RECTOR ed far u pt of H		above (I) well (did r	0.1	er death.		n death occurred on the	date and hour an	nd from the couses stated
F - F - F		77% SIGNATURE	(m)	()	DEGREE ATTENDING	MPDICAL ST	AFF	22c. DATE SIGNED
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HOSPITAL FUNERAL build be det by the Store PORTANT:		224 PHYSICIAN'S NAME (I'M	Or Market	0-1	22e. ADDRESS	1110	100	I P THE
TO HOSPITAL C retained by the TO FUNERAL D should be detect with the State D IMPORTANT: If	-	140	1110	DE QUICK	(1) 8620	Libert 110	ru Mal	Landalisto
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(\/DA 15 4\)		El Phill	00 /1	2111.000	VIAAV SI . INC	TO THE OTHER	Midle. De	ordern Francisco

STATE OF MARYLAND



STAT	TE OF	MARY	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR			4514111	TEATE OF BEATT	REG. N	10.		
	CEASED NAME FIRST	M	IDDLE	· ·	AST	20. DATE OF DEATH	HTHOM	DAY YEAR	26. HOUR
TITPE	ORPRINT) WILLIAM	A		R	UTTER	December	4,	1986	11:55P
3. SEX	(4 RACE		S. DATE C		6. AGE (IN YEARS LAST BI	RTHOAY)	MONTHS DAYS	
	Male	White	2	Nov	ember 9,1909	77	YRS.	MONTHS DAYS	HOURS MIN.
	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF V	VHAT COUNTRY?	B.	NEVER MARRIED	9. BALTIMORE CITY		Y OF DEATH	
	Maryland	U.S	S.A.	WIDOWE		Balt:	imore	County	M
0. CI	TY OR TOWN OF DEATH	11, NAME OF H	OSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPAT	ION	12h KIND C	DE BUSINESS O
Ra	ndallstown		FACILITY, GIVE STREET		nter	Captain	DF WORKING I		Baltimo ire Dept
USUA	AL RESIDENCE IN NURSING HOME	OR OTHER INSTITUTION O	GIVE RESIDENCE BEFORE	ADMISSION)			•		те вер
	Maryland Bal	timore	Woodlawn		136. INSIDE CITY LIMITS? YES NOXX	130.STREET ADDRESS			21207
_	THER'S NAME		WOOdlawii		15. MOTHER'S MAIDEN NAM		710 0	Juli	21207
	FIRST	MIDDLE	LAST Day 6 to 0		FIRST	MIDDLE		LAS	
60 14	William VAS DECEASED EVER IN U.S. A	PMED FORCES?	Rutte		Ada 17 INFORMANT	ADDR	ESS	Luci	lano
D	YES, NO OR UNKNOWN) (IF YES, C	IVE WAR OR DATES)							
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	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	only one couse per l	line far (a), (b), and	1.(0.)	1			BETWEEN	ONSET AND DEAT
5		ATE CAUSE (o)	Cardious	xuler	Herest.			Sie	lolen
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	Canditions, if ony, which	48.	my.						
	gave rise to immediate)	AS A CONSEQUE						
	cause (a), stating the underlying cause last.								
		(c)							
z	PART 2 OTHER SIGNIFICANT	0.1	O L	I O	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION G	IVEN IN PART II	ο,
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MEDICAL	21d. INJURY OCCURRED	21e. PLACE C	OF INJURY		211 LOCATION	CITY OR TO	OWN	COUNTY	STATE
×	WHILE NOT WHILE AT WORK	AT HOME STRE	EET, FACTORY, OFFICE, F	ARM, ETC)	PINEEL	CITTORIO	,	200111	STATE
	22a.l certify that (I) (this hos	attended the	adeceased from	Senta	mber 11 19 78	10 December	. 4	10 86	that Mb (we) la
14	saw the deceased alive of	n Decem	er 4 19 8	2 1	nd that in (exp) (our) opinion o	2 2 2 3 3 3 3 3 3 3 3	date and he	our and from the	
36	abave, ((we) (did) (did)	(ii) view the body	after death.		DEGREE				SIGNED
	ZZE. SIGNATURE	2 /	1. 1		ATTENDING	MEDICAL STA	AFF	12K. UA E	1-
	Huan 10	145	186.						
	226. PHYSICIAN'S NAME (TYPE				??e ADDRESS			21207	
	Herman Bre	cher M.	. D .		6410 Windso	r Mill Road	d, Ba	ltimore,	MD.
	BURIAL, CREMATION, REMOVA	L 23b DATE	23c. N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		4.5 () () () ()	KI GI W
	SPECIFY) Burial	12/8/8	36 WC	odlav	n Cemetery	Woodla	จพก	COUNTY	Maryland
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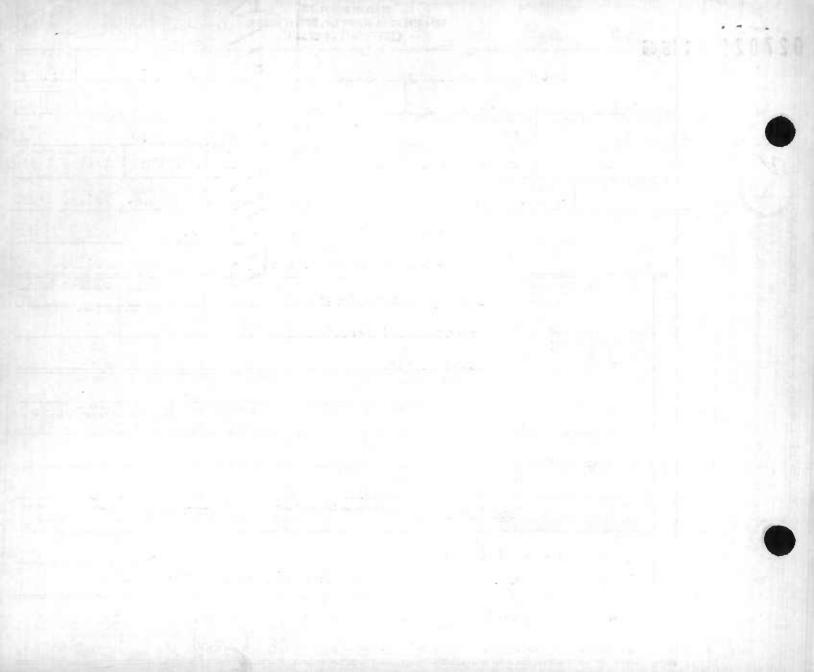
	1	FOR STATE REGISTRAR	DEPART	MENT OF	TE OF MARYLAND HEALTH AND MENTAL HYG FICATE OF DEATH	IENE 8 6	3 3	77
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neral dir		SIRTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore	76. CITIZEN OF WHAT COUNTRY USA	? 8 MARRI WIDOW	ED NEVER MARRIED DIVORCED		R COUNTY OF DEATH Maryland	
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ed within	14. F	ATHER'S NAME FIRST UNKNO	MIDDLE LAST		15. MOTHER'S MAIDEN NAME FIRST		ME	RLS
e execut		WAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL SEC	URITY NO.	Theresa Fr	eeland 181	8 Aberdeen Itimore, Ma	1=0693 Road
ben day or a	CERTIFICATION	PART 2 OTHER SIGNIFICANT	((c)CONDITIONS CONTRIBUTING TO			INAL DISEASE OR CON	20b. IF YES, WERE FIND	INGS USED
21 23 2 1	Ě					YES NO	IN CERTIFYING CAUSE	NO [
SECIAN 1 certificate certificate certal fryg	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER NOTIFY MEDICAL EXAMINE 21d INJURY OCCURRED	HOUR A.M. MONTH (FR) P.M.	AY YEAR		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2)	
of of other of other of other of other of other of other other of other	MEC	WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	FARM ETC)	211 LOCATION STREET	CITY OR TO	wn COUNTY	STATE
ATTENDI Hearlot on CTOR, A STorvier of Health		saw the deceased alive as above, (I) (we) (did) (did n	oital) attended the deceased from n 12/24 19_att_view the bady after death.		nd that in (my) (aur) apinian o	death accurred on the do	7 19 86 atte and haur and from the	
FAL OR Stat DIRE definition of a fleet		Carla S.	. alexand	er k	DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	E SIGNED
O HOSPI resided b hould be with the 5		22d. PHYSICIAN'S NAME (TYPE			22e ADDRESS			
BP	230. B	BURIAL, CREMATION, REMOVAL (SPECIFY)	1230 1986 1	avo	CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	RE COUNTY	JARY LAN
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		CEASED NAME	FIRST		MIDDLE		LAST	20 DATE OF DEATH	MONTH DAY	YEAR 21	b HOUR
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1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		IRTHPLACE (STATE OR COUNTRY) Phil.		USA will		WIDOW		Baltimore City or County OF DEATH Baltimore County			MD.
W 57	Ro	SSVILLE		Frank	Tin Squar	e Hos	or other institution spital	Receiving			n & Kle
3)135	₩5U 13a.	AL RESIDENCE (IF NURS STATE MD	13b. COUN Balt	VIY	GIVE RESIDENCE BEFORE		13d. INSIDE CITY LIMITS? YES NO 🖾	13e STREET ADDRESS A	zip code r Ave.,	Balto	. 21236
100	14 F.	ATHER'S NAME FIRST		WIDDIE	Pope		15. MOTHER'S MAIDEN NA	ME MIDDLE E.		LAST	
ond co		WAS DECEASED EVER		MED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFORMANT	ADDRE			
tote be executy sicon and copers. Pages and copers. Pages and copers.	I,	lo	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		185-03-8	077	Henry A. Sand	ls, 4110 Tay	lor Ave	. 2123	6
NG PHYSICIAN: The low requires that the death cert of the death cert of the death cert of the certification. The low respect to the death of the other diagram of the death o	CERTIFICATION	PART 2 OTHER SIGN	last. NIFICANT ((c) A		SIS DEATH BU	NOT RELATED TO THE TERM	20e AUTOPSY?	20b. IF YES, W	ERE FINDING G CAUSES O	F DEATH?
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iYSICIAN: TI ding physici is certificate burial-transit Mental Hygi	MEDICAL C	OR CONTRIBUTING (IF EITHER, NOTIFY MEDI	CAUSE OF DEA	HOUR A.	M. MONTH DA	Y YEAR	211 LOCATION	CENTER NATIONE OF INTO	THE HEM TO FART	() () () () () () () () () ()	
DING PHYSICI. or otherding p After this cert e os the buriol- olith and Mento marked of tem	MEI	WHILE NOT WE AT WO	HILE	(AT HOME, STI	REET, FACTORY, OFFICE, F	DOM:	STREET	CITY OR TO	44,372	COUNTY	STATE
L OR ATTENITHE hospital L DIRECTOR: toched for us e Dept. of Hem 21 is		22e.1 certify that (1) saw the deceas above, (1) (we) (1) 72b. SIGNATURE	(this hospi ed olive an did) (did no	t) view the bady	e deceased from 1986 ofter death.		vember 18 86 nd that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN [are one noor an		
TO HOSPITAL TO FUNERAL should be det with the Stote		Ramona	Chube	, M.D.			9000 Franklin	Square Dri		237	
BP	En	BURIAL, CREMATION, (SPECIFY) LEOMOMENT	REMOVAL	12-13-			EMETERY OR CREMATORY Cemetery	Balto.	C	Balto.	, MD
DHMH - 16 60M 7/84 (VRA 15. 4)	74 F	uneral director hn °C°. Mill	er, I	nc., 64	15 Belair	Rd.	21206 DE	C 12 1986	256 REGISTRAF	SSIGNATUR	induse.



PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY and that in (my) (aur) apinian death accurred an the date and haur and from the causes stated 22c DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (THE OR PRINT) 22e ADDRESS 5214 Harford Road Baltimore, MD Jamie Punzalon, M.D. 230 BURIAL CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) CHY OR TOWN STATE Burial Parkwood Cemetery Baltimore, Maryland 24 FUNERAL DIRECTOR 25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Leonard J. Ruck, Inc. Baltimore, Maryland Made

STATE OF MARYLAND

YEAR

86

IF UNDER I YEAR

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126 KIND OF BUSINESS OR

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DAY

DHMH - 16 60M 7/84 (VRA 15, 4)

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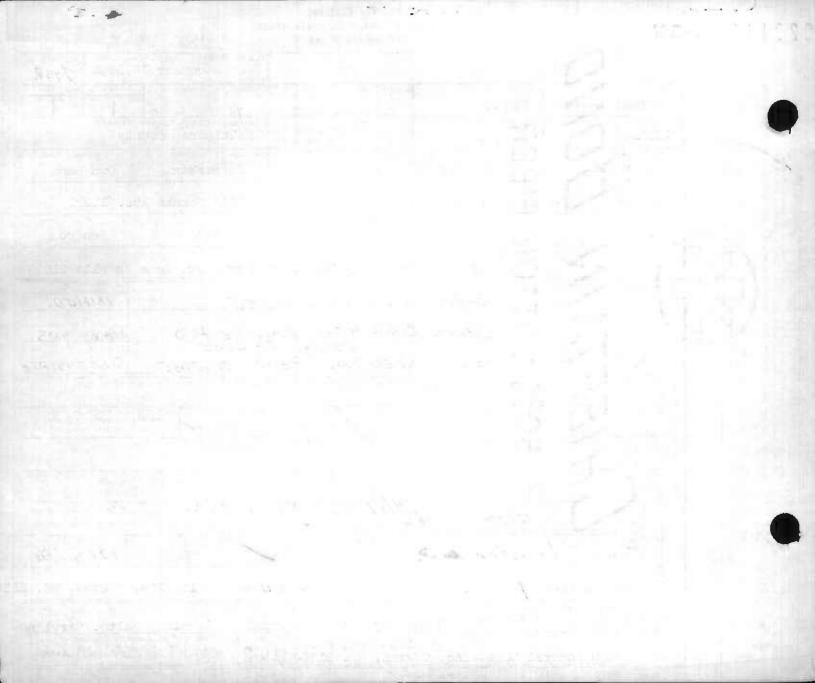




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Lagrand J. Such, Inc., 5105 Berrard 3d.

1 4 JAN -	51	FOR STATE REGISTRAR		DEPARTMENT	STÀTE OF MARYLAND OF HEALTH AND MENTAL HY RTIFICATE OF DEATH	/GIENE B CO	3398
ay be age 3 death		CEASED NAME FIRST ROSalie	R.		Saunders	20 DATE OF DEATH Decem	10.1.00
ge 4 may ector, pa rs after d	3. SE	× Female	4. RACE White		ATE OF BIRTH MONTH DAY YEAR July 10. 1912	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
death. Fg	Ok	RTHPLACE (STATE OR FOREIGN COUNTRY) Lahoma	Th CITIZEN OF WHA	T COUNTRY? 8 MA	ARRIED NEVER MARRIED DOWED DIVORCED		COUNTY OF DEATH
1100	L	utherville	(IF NOT 11513CI	Norman A		120 USUAL OCCUPATION HOPE OF WORK FOR MOST OF HOMEMAKE	
613	130. S Ma		VIY 13c. C	ESIDENCE BEFORE ADMIS CITY OR TOWN Luthervil	Le YES NO XX		ZIP CODE man Ave. 21093
C 2037	14. FA	John 5	MIDDLE	Hughes	15 MOTHER'S MAIDEN N	Ellen	Renfro
cate be executy/sicion and copers. Pages avail.	- (VAS DECEASED EVER IN U.S. AR YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	SOCIAL SECURITY P		ADDRES	Same As #13e 2109
been signed by the attendi been signed by the attendi mit. Then please remove car prior to burial, cremation, or any injury, or ather traumati	ATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A	P CONS	NG. HEART FA	MINAL DISEASE OR COND	SE SINCE BIRE
He by San	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJ	URY	21¢ HOW INJURY OCCU	YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO NOTITION OF PART 2)
R ATTENDING PHYSICIAN: T hospital or attending physical RECTOR: After this certificate red for use as the buriol-transispt of Health and Mental Hygistem 21 is marked or them 18 th	MEDICAL	OR CONTRIBUTING CAUSE OF DEZ (IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED WHILE AT WORK 22a.1 certify that (I) (this hospi saw the deceased alive an above, (I) (we) (did) (did no 22b. SIGNATURE	P.M. 21e PLACE OF IN (AT HOME STREET, FA tol) ottended the deci	ctory, Office, FARM ET	211. LOCATION STREET 19 211. LOCATION STREET 19 23 Ond that in (my) (our) apinior DEGREE ATTENDING	to 12/30 a death accurred on the dat	county STATE , 19 that (I) (we) lo e and hour and from the causes stated 22c. DATE SIGNED
0 9 0 0 4		Henri F. La					
A	23a B	Pens F. P. 22d. PHYSICIAN'S NAME (TYPE OF Henri T. Voor URIAL, CREMATION, REMOVAL SPECIFY URIAL	strad M.D.	23¢ NAME	22e. ADDRESS	23d LOCATION CITY OR TOWN	e 209, Towson, Md.



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T	AT	E	OF.	M	AR	YL	AN	D

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	35-	STATE REGISTRAR		DEPAR		EALTH AND MENTAL HYGICATE OF DEATH	REG. N	. 3	3	4 9 3
ì		CEASED NAME FIRST	٨	AIDDLE	- L	AST			DAY YEAR	2b. HOUR
-		Basi	1 SCAL 70				December 2	5 198	6	2.15 a
Ħ	1. SEX		4 RACE		5. DATE O		6 AGE (IN YEARS LAST BIR	THDAY	FUNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
		ale	Caucas	ian	Jan	17,1905 YEAR	8		DAYS	HOURS MIN.
9	70. BII	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTR	Y? 8	NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY	OF DEATH	
		taly	USA		WIDOWE	D DIVORCED	Baltimore	County		ME
1		TY OR TOWN OF DEATH		OSPITAL, NUR		R OTHER INSTITUTION	176 USUAL OCCUPATI	ON	126. KIND C	OF BUSINESS OR
1		altimore /	Frank	lin Sq	uare I	Hospital	Burner			h Stee
1	USUA 13a S	AL RESIDENCE (IF NURSING HOME) TATE (35)		13c. CITY OR TO		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE		
1		aryland V=	e one	Baltim	ore	YES NO	4007 Ard	ley A	ve, 2	1213
V		THER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDEN NA/	ME		LAS	ST
(-		pario			Rose Balan				
	4.5	VAS DECEASED EVER IN U.S. YES, NO OR UNKNOWN) (1F YES,	GIVE WAR OR DATES)	166 SOCIAL SE		17. INFORMANT	ADDRE			
_	NC)		213-09.	-1169			ame a		
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			IATE CAUSE (0)	Cardiop	ulmonar	ry Arrest: Car	rdiovascula	c Dise	ase	
				AS A CONSEC						
	I Ca	Conditions, if any, which gove rise to immediate	(b)	Periple	ural Oc	clusive Vascu	lar Diseas	2		
		couse (a), stating the underlying cause fast.	DUE TO, OF	AS A CONSEC	DUENCE OF					
			((c)							
	Z	PART 2 OTHER SIGNIFICAN	it conditions <u>cc</u>	NTRIBUTING T	O DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVE	EN IN PART 1	0
5	CERTIFICATION	190 DATE OF OPERATION	19b. CONDI	TION FOR WHI	CH OPERATION	N WAS PERFORMED	20a AUTOPSY?		, WERE FINDI	
4	E		70				YES NOV	IN CERTIFY	YING CAUSES	S OF DEATH?
7	SE SE	210. ACCIDENT WAS UNDERLYING	21b. TIME O			21c HOW INJURY OCCUR				
7	M	OR CONTRIBUTING CAUSE OF	DEMIN	M. MONTH	DAY YEAR	12 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C 1 C				
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		220 Fertify that X (this ha	spital) attended the	deceased from		nber 23, 19 86	to Decembe			
		Now the decreased olive	an <u>December</u>	ofter death.	86	d that in (100) (our) opinion o	death occurred on the de	ote and havi	and from the	couses stated
	13	21 GNATURE		100	(DEGREE	MEDICAL CTA		22c. DATE	SIGNED
0		112				ATTENDING PHYSICIAN	MEDICAL STA		122	5 06
		22d. PHYSICIAN'S NAME (TY	PE OR PRINT}			22e ADDRESS			12-2	3-00
		P. Barrenech	ea, M.D.			9000 Frank1	in Square [r., 2	1237	
		SURIAL, CREMATION, REMOV	AL 236 DATE	23	NAME OF C	EMETERY OR CREMATORY	236. LOCATION		COUNTY	STATE

DHMH - 16 60M 7/84

(VRA 15, 4)

12/29/86 Lorraine Park Balto, Md.

3331 Brehms Lane DEC 29 1986 Julia December 1986 Burial
24 FUNERAL DIRECTOR
NAME

SCHIMUNEK

Company of the same

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PHY andi	ŏ	MEDICAL	214 INJURY OCCUR		21e. PLACE		FFICE, FARM ETC)	211. LOCAT		CITY OR	TOWN	COUNTY	STATE
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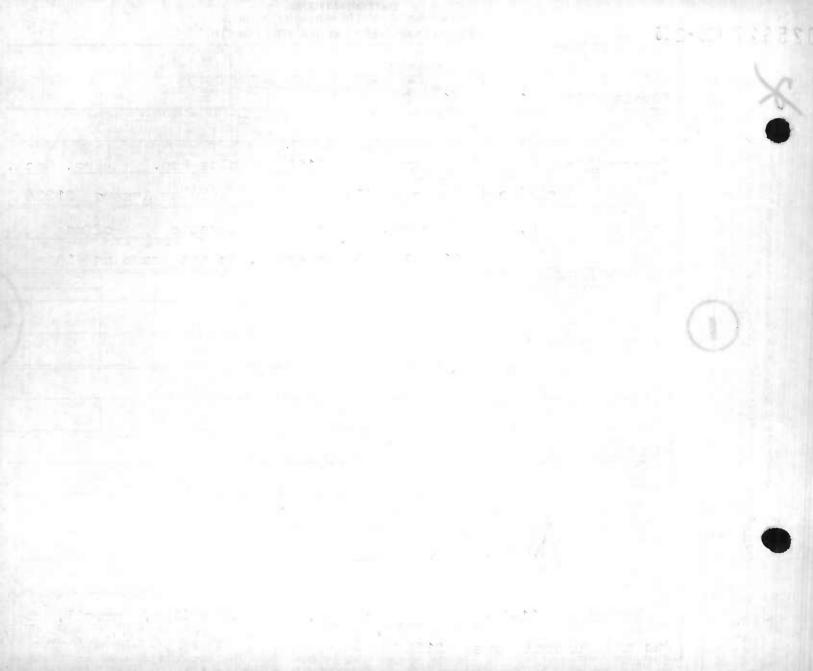
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Leonard d. Back Las. Bal simore, Maryland ..

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE A STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH DEGISTRAR REG. NO DECEASED NAME O DATE KNOWN X MONTH (TYPE OR PRINT) OF 22/19 annette DEATH MATED 86 Susan Schatz 8:34 P M S. DATE OF BIRTH AGE (IN YEARS IF UNDER 24 HRS DATE MONTH DAY LAST BIRTHOAY) PRONOUNCED Female White 61 25 YRS 19 86 DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED X FOREIGN COUNTRY! USA MD WIDOWED [DIVORCED Baltimore County, D CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 126. KIND OF BUSINESS 11 NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION OR INDUSTRY 21228 Sales Rep. Catonsville 5 Drawbridge Ct. Bus. Mach. 13a STATE 13d INSIDE CITY LIMITS? 9 Arbutus Avenue Baltimore Catonsville 21228 YES [NO K 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Schatz Robert Hoffman Mary Annette 16b. SOCIAL SECURITY NO. 17 INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) 214-52-8503 Robert M. Schatz same as #1 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Hanging IMMEDIATE CAUSE (a)_ DUE TO OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. PART 2 OTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IN CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? TAMENT OF HE R TO BURIAL, 20 AUTOPSY? YES T NO . 210 EXTERNAL CAUSE WAS 71b. TIME OF INJURY 2TE HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. MONTH DAY YEAR 3 SHOU ? P.M. 11/ 22/1986 subject hanged self 214 INJURY OCCURRED 21e PLACE OF INJURY TE LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC. CITY OR TOWN COUNTY basement Drawbridge Ct. Balto. County, Md. Autopsy X 22a. I certify that I took charge of the remains described above, held an Suicide X death resulted from. Natural causes Accident Hamicide Undetermined manner TITLE (SPECIFY) ACTUAL ER DEATH, Deputy Chiefedical EXAMINER 11/23/86 SIGNATURE EXAMINER'S NAME Ann M. Dixon, M.D. (TYPE OR PRINT) ADDRESS. Penn St. AFT BA 236 NAME OF CEMETERY OR CREMATORY 11-25-86 Lake View Mem. Pk Sykesville, Carroll. MD 07/84 BP 25M 24. FUNERAL DIRECTOR Catonsville, MD **DHMH** - 17 MacNabb Funeral Home 21228 (VR A15 ME (5))

STATE OF MARYLAND



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CER REG. NO 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-MARY LEE SCHAUB DEATH MATED AGE UN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAYI PRONOUNC Nov. 7, 1942 44 YRS 76 CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR BALTIMORE CITY OF COLINT MARRIED X NEVER MARRIED Baltimore Co.. Md. USA DIVORCED [D CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 20 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS HE NOT IN SLICH FACILITY GIVE STREET ADDRESSA OR INDUSTRY Phoenix. 13713 Manda Mill Ln. Telemarketing Computer SUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13d. INSIDE CITY LIMITS? 13c_CITY OR TOWN 13e STREET ADDRESS Phoenix Baltimore 13713 Manda Mill Ln. 21131 NO X YES [FATHER'S NAME 15 MOTHER'S MAIDEN NAME Paul E. Franz Dorothy Klausmeyer 16b. SOCIAL SECURITY NO 160 WAS DECEASED EVER IN U.S. ARMED FORCES? (IF YES, GIVE WAR OR GATES) (YES, NO OR UNKNOWN) 219 40 9678 Mr. R. Lawrence Schaub Phoenix. Md. 18 CAUSE OF DEATH (Enter only one cause per line to (a), (b), and (c),) PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to 90 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? NO 2 21a FXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21d INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Surcide X Hamicide __ Undetermined manner EXAMINER'S NAME TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23(. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Burial 12/8/86 Dulaney Valley Mem. Gdns Timonium, Md. 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE DHMH - 17 MITCHELL-WIEDEFELD HOME. INC. 6500 York Rd. (VR A15 ME (5)) 20M 4 82

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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1 SEX		RACE	S. D.	5. DATE C	OF BIRTH	6. AGE IN YEAR	LAST BIRTHDAY)	IF UNDER 1 YEAR		R 24 HRS
F	emale	Caucas	ian	Oct	ober 9 1888	98	YRS.	MONTHS DAYS	HOURS	MIN.
	THPLACE ISTATE OR FOREIGN 3	B CITIZEN OF	WHAT COUNTRY?	B.	D NEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH		
M	aryland	USA		WIDOWE	DIVORCED		pore County			MD
V	andallstown	(IF NOT IN SUC	HOSPITAL, NURSIN H FACILITY, GIVE STREET an Nursing	ADDRESS)	OR OTHER INSTITUTION	170. USUAL OC TYPE OF WORK FO POSTUMES	R MOST OF WORKING	126. KIND INDUSTRY		
Me St.	RESIDENCE IF NUMBER PROPERTY ATE TO COUNTY	THE RESTRICTION	136 CITY OR TOW Baltim	N	131. INSIDE CITY LIMITS? YES M NO [3939 1	oress / zip com		2	1211
IL FAT	HER'S NAME	IDDLE	LAST	-	15 MOTHER'S MAIDEN NA		AIDDIE		LST.	
/ 3	ohn E. Anderson				Margaret J.	. Parr				
	AS DECEASED EVER IN U.S. ARM	NED FORCES?	166 SOCIAL SECU	RITY NO.	17 INFOMMANMICHAE	L Snyder	ADDRESS		2	1204
N		WAR OR DATES)	218-18-	-3239	400 Allegha	any Ave	Towson	n	Mar	yland
TION	PART 2 OTHER SIGNIFICANT CO				NOT RELATED TO THE TERM	MINAL DISEASE C	Y? 20b. IF Y	ES, WERE FIND	INGS USI	
E E			200	-410			10	YES 🗌	NO	
12012	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (IF EITHER NOTIFY MEDICAL EXAMINER)	HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCUP	RRED (ENTER NATUR	E OF INJURY IN ITEM TE	B PART T OR PART 2)		
	21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE FARM, ETC.) 21f LOCATION STREET						ITY OR TOWN	COUNTY		STATE
	270. I certify that (I) (this haspital pattended the deceased fram the deceased fram the deceased alive an above, (I) (wg) (a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d									
	22b. SIGNATURE	Hor	rilez			MEDICAL DIRECTOR	STAFF PHYSICIAN		10-86	
1	22d. PHYSICIAN'S NAME (TYPE OR	PRINT)			22e. ADDRESS 86:	30 Liber	ty Plaza	Mall		
	Jerome H. Gir	sberg,	M. D.		Ran	ndallsto	vn. Md.	21133		
	JRIAL, CREMATION, REMOVAL	23b. DATE	23c. f	NAME OF C	EMETERY OR CREMATORY	23d LOCATIO	NC	COUNTY		STATE
(3)	Rurial	12-12-	86 C+	Thor	nas Church Co			Itimore		JIAIE

8728 Liberty Rd. Randallstown, MD 21133

8728 Liberty Rd. Randallstown, MD

21133

DHMH - 16 60M 7/B4 (VRA 15, 4)

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Salamon County			imperat.

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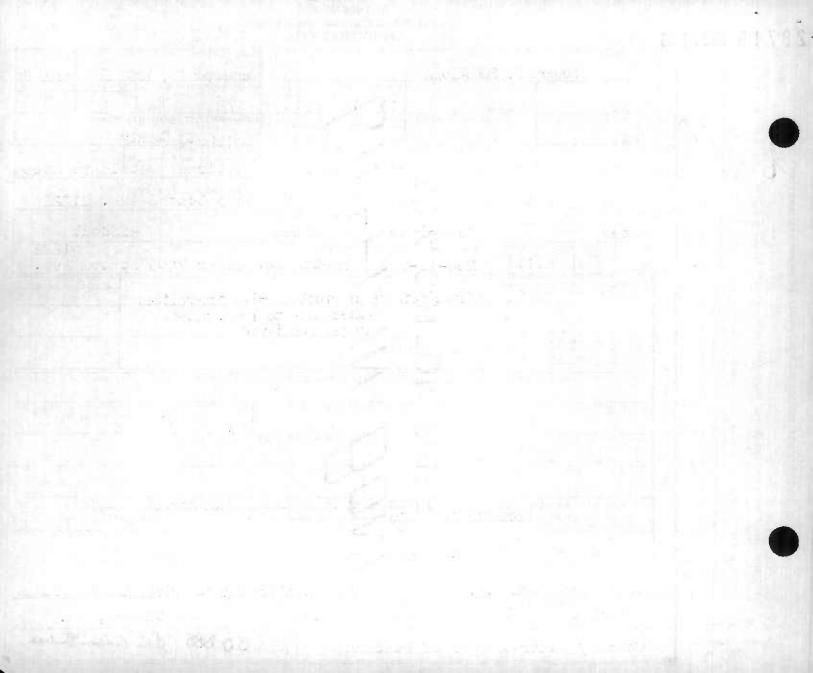
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	0 2 0 020	1. DE	EASED NAME	FIRST	14124	MIDDLE	(Alvillate)		AST	70	DATE KNOW		DAY YEAR	126 HOUR
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	적은분증별	3.5E)			DATE OF BIRTH		AGE (IN YEARS		DER 1 YR. IF UNDER		DATE	нтиом	DAY YEAR	2d HOUR
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1201	P COURT	130 S	MD	Balt	imore	13c CITY OF			13d. INSIDE CITY LIMITS? YES NO 🔯	13e STREE	T ADDRESS	wood.	Donal Of	200
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TAL.	ANGE NISION		Yes	(# 165, 6116 11	AK OND MICO	218-	18-31	54	Patricia	But	cher	21	228	
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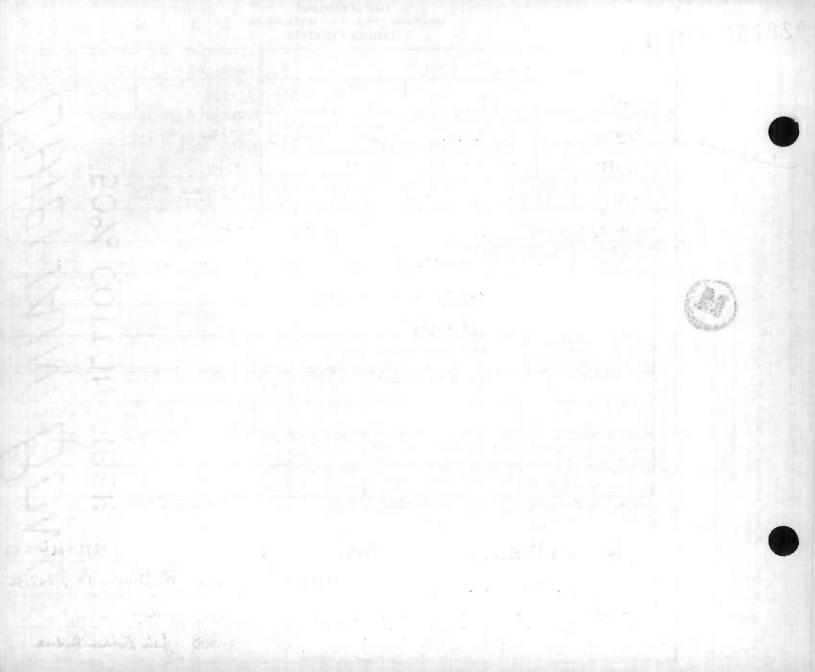
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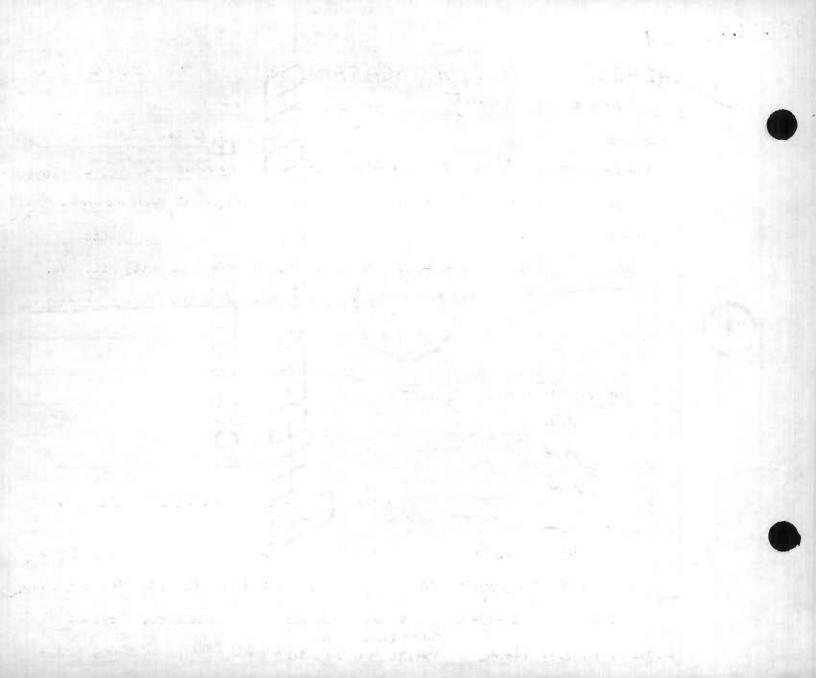
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be exection and construction on the construction on the construction of the constructi		res, no or unknown) (IF yes, GI	GIVE WAR OR DATES) 212-0	1-6200	Presbyterian		Georgia	
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ING PHY r offendia streethis as the bi th and A arkeder	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210 PLACE OF INJURY (AT HOME, STREET, FACTORY,		21f LOCATION STREET	CITY OR TOV		UNTY STATE
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ITAL OR by the human detache detache stote Dep		224. SIGNATURE	tual of	a.D	ATTENDING PHYSICIAN [DIRECTOR PHYSIC	F _	12-15-86
to Hospill retained by TO FUNER should be: with the St		Dr. Sidney J.	. Venable,Jr.		7215 York	Rd. Bal.Md.	21212	
ВР		Burial CREMATION, REMOVAL SPECE PY Burial	Dec. 16, 1986		d Cemetery	Parkvill		
DHMH - 16 60M 7/84 (VRA 15, 4)		JNERAL DIRECTOR NAME itchell-Wiedefe	eld Home 6500	York Rd.		EC 1 5 1986	1	SIGNATURE

STATE OF MARYLAND

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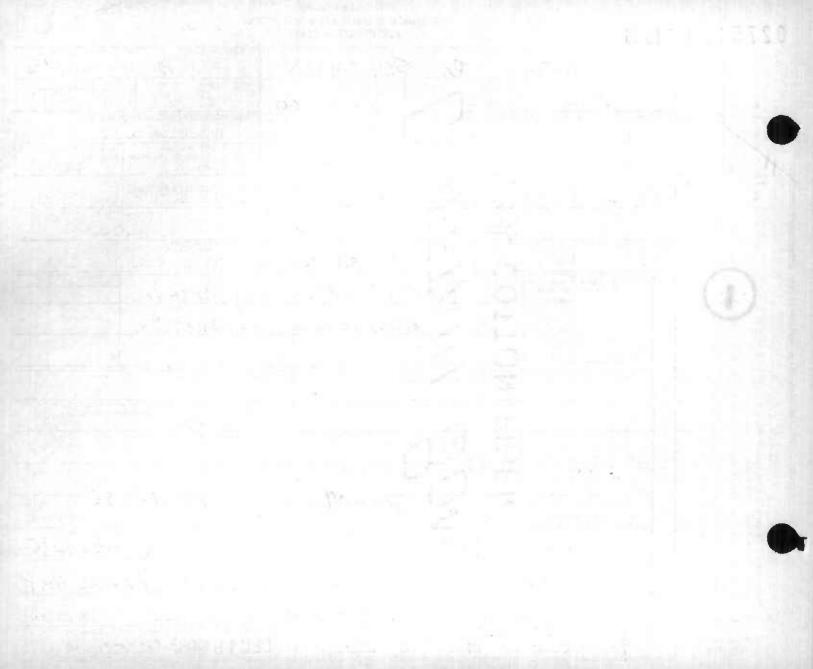


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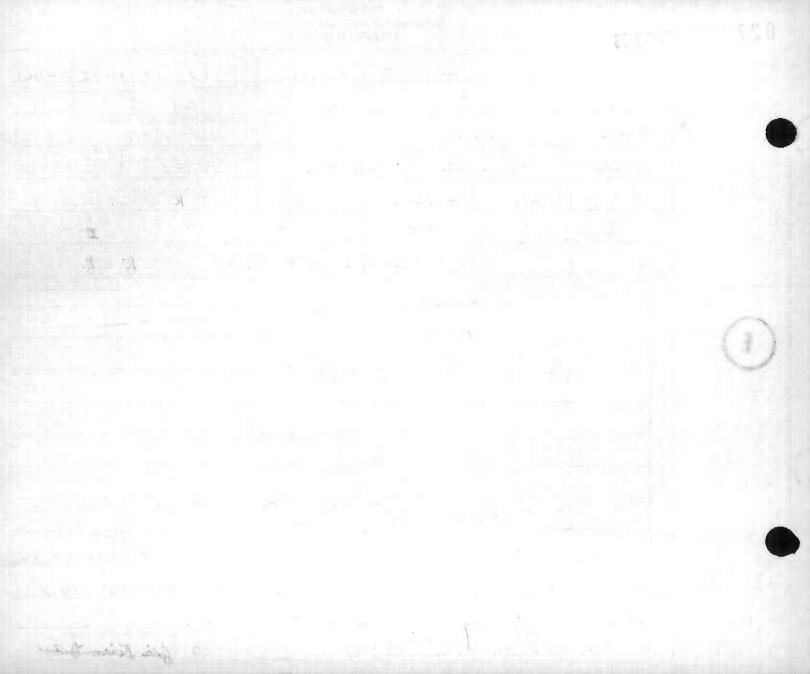
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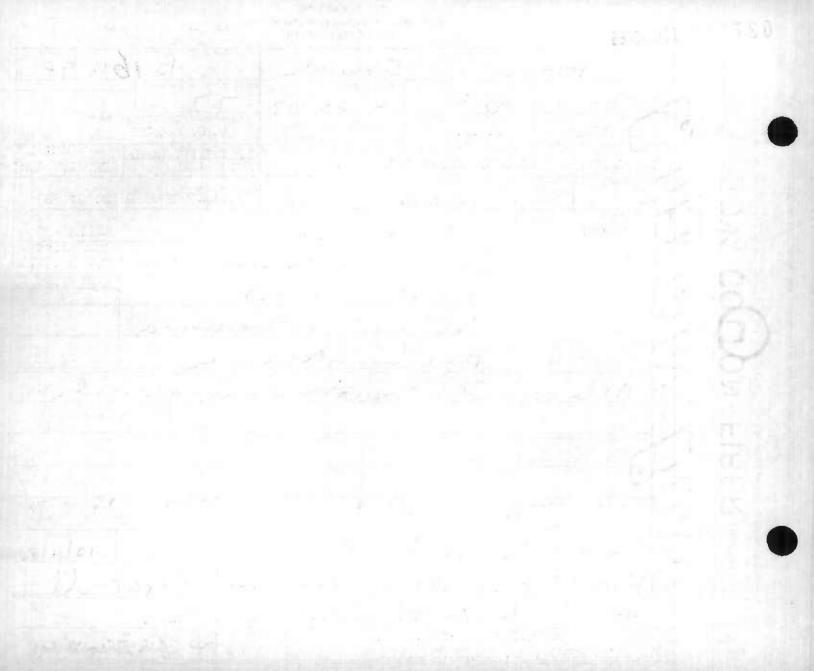


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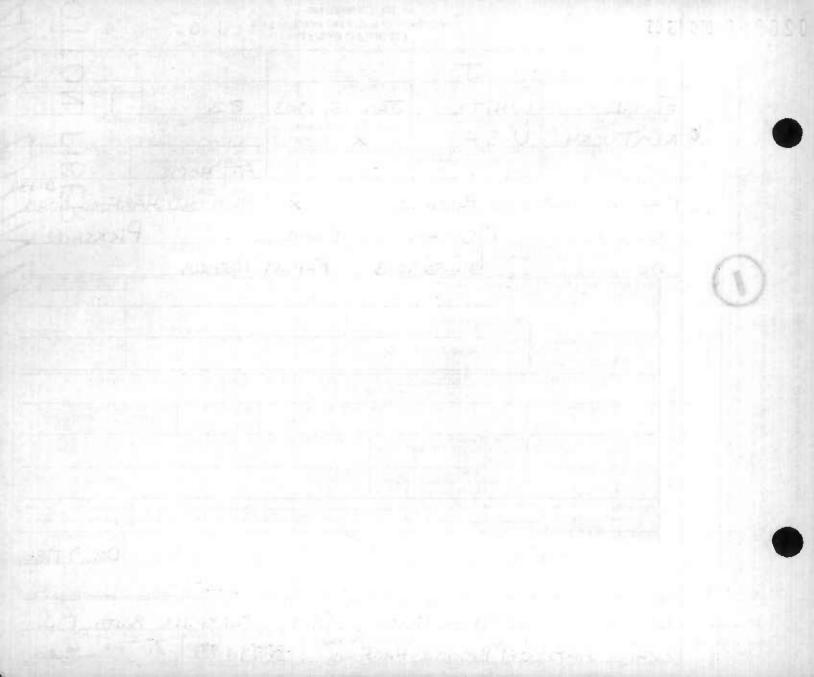


BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,

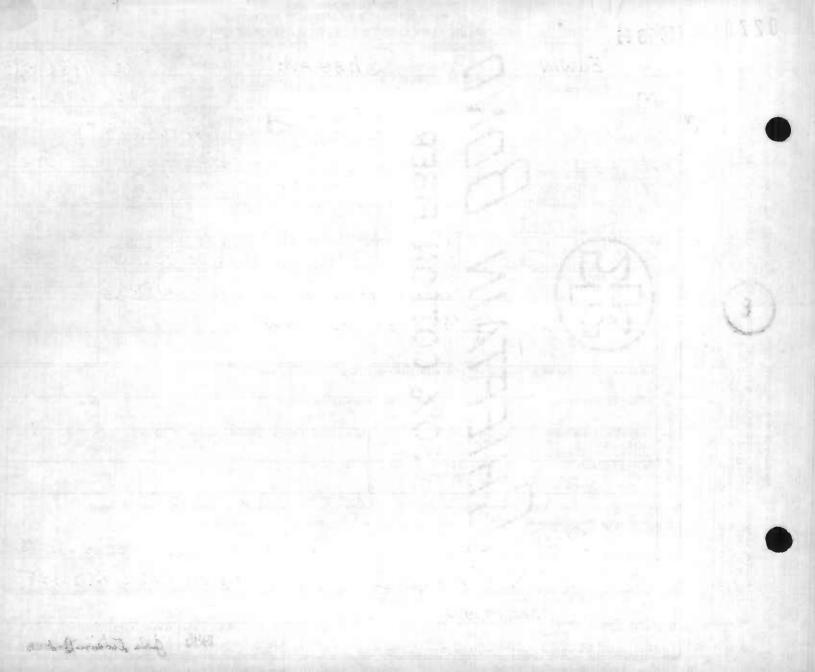


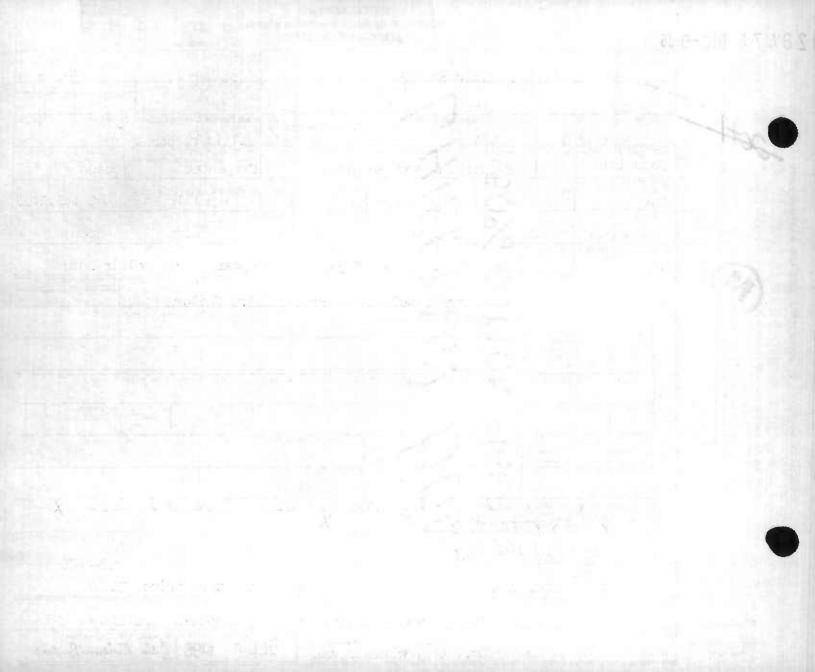
	1			STATE OF MARYLAND		
6950 DEC	5.	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE O O	3 4 0 0 0
		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
noy be poge 3	(TYP)	ORPRINT) BEATE	PICE J.	SENGER		12 7 86 6:33 AM
Poor er de	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIR	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS.
ge 4	JV.	MALS	WHITE	JAn. 15. 1903	83	YRS DATE HOURS MIN.
Pog		RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY		9 BALTIMORE CITY O	R COUNTY OF DEATH
to the second	K	ENTUCKY.	U.S.A.	WIDOWED DIVORCED	BALTIMORE	COUNTY MD.
à 21 27	10. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS (IF NOT IN SUCH FACILITY, GIVE STREE	ING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATI	ON 126 KIND OF BUSINESS OR
2 26	2	TOWSON	C701	CHARLES ST.	AT HO	
hou hou	USU 13a.		OTHER INSTITUTION, GIVE RESIDENCE BEFO		13e STREET ADDRESS	ZIP CODE 2133
75 章 7	3	ARYLAND BALT	TIMORE PARKY	LLS YES NO NO	J611 OF	D HARFORD ROAD
othing 12 of	M. F.	ATHER'S NAME	MIDDLE CAST	15. MOTHER'S MAIDEN NA/	ME	LAST
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1		00		9573 FAMILY	RECORDS	
		18 CAUSE OF DEATH (Enter on	aly one couse per line for (o), (b), o	and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
h centification deling into arbor or recordice			E CAUSE (0) END STAG	SE HEART FAILURE		MONTHS
			DUE TO, OR AS A CONSEQU	UENCE OF		
deoi otter tron,		Conditions, if ony, which	(b)			
the remo		gove rise to immediate couse (a), stating the	DUE TO, OR AS A CONSEQU	UENCE OF		
thot d by lease iol, cr	M	underlying couse lost.	(c)			
bur bur	1,	PART 2. OTHER SIGNIFICANT O	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CON	DITION GIVEN IN PART 110
	<u></u>		BRONCHOPN			
s beer mit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?
Ihe ictori	1 2				YES NO	YES NO
Z S O O T O		21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	LICHE A AL MONITH	DAY YEAR 216. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART (OR PART 2)
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Her He		226. SIGNATURE		DEGREE	HEDICAL CTA	22c. DATE SIGNED
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0 - 0 + 0		STEVEN GLAS	SSER. M.D.	GBMC- 6701	N. CHARLES	ST.
5 5 4 ¥ ¥		BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d LOCATION	
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(VRA 15 4)	5	LOSE CHAPEI	ADDRESS ADDRESS	CHORENSO DE	10 4 4 100R	Rick Bank

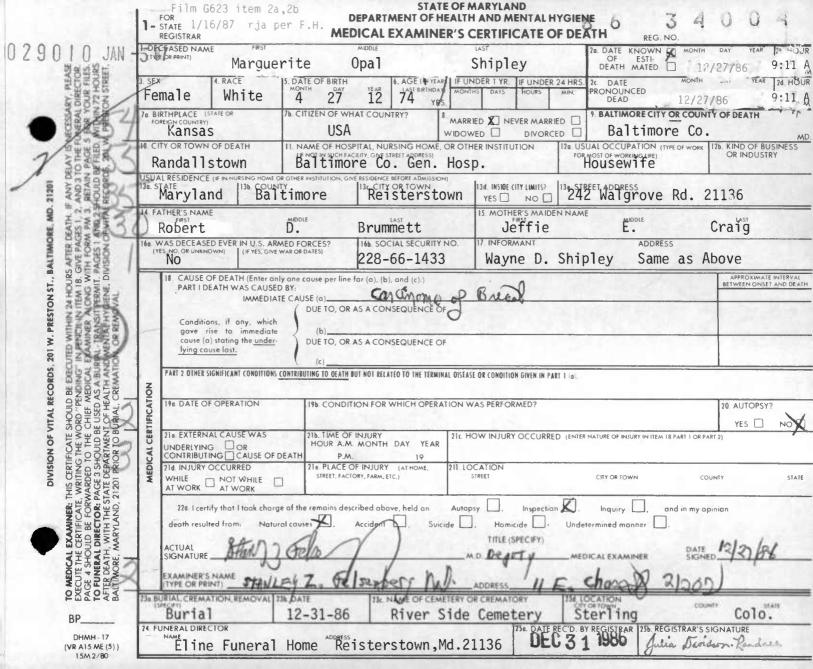


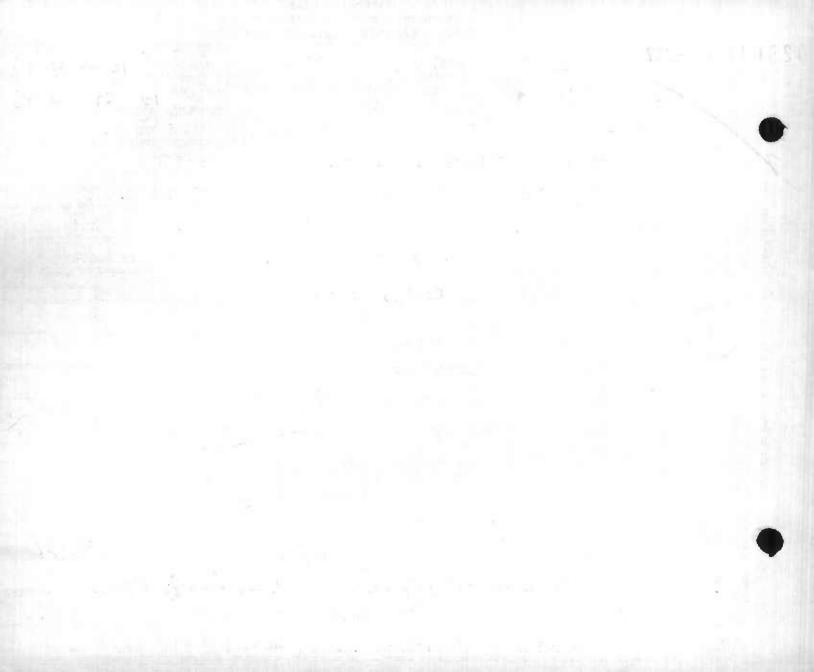
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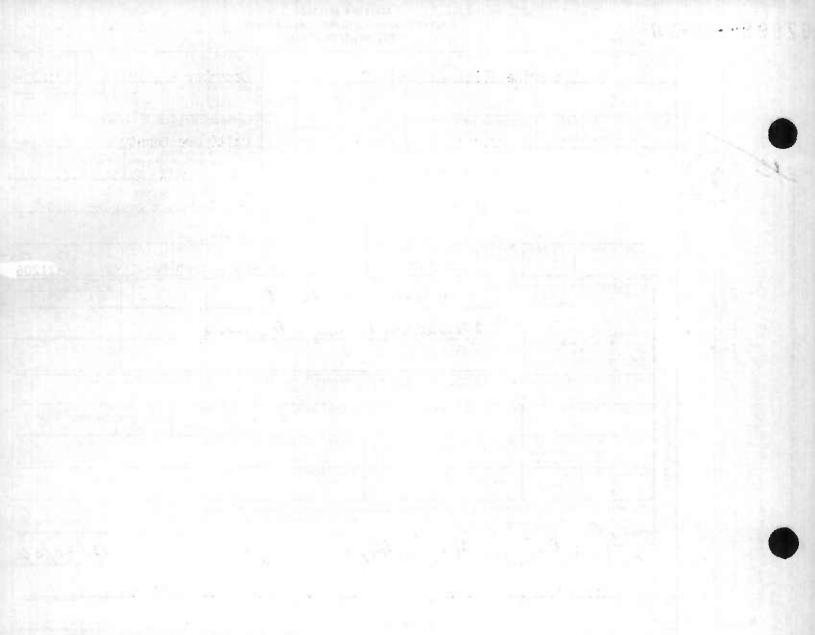
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E, X	NOTAL NOTAL NOTAL	7	SAMUEL	HARRY	SHAGAM		FIRST	MIDE	ILE	KATZ	
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	TH WAY STA						7		7		
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	NOR WOR		EXAMINER'S NAME	0 . 1- 11	1 , 1		200		A Prince prince of	7/	-
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOUI TO FUNERAL D AFTER DEATH, B BALTIMORE, M		(TYPE OR PRINT)	K. Milli	A MSCH !	ADDR		o the tal	NA:17	1K. 712	2-8
		(5)	JRIAL, CREMATION, REMOVA		23c. NAME OF CEA		EMATORY	23d LOCATION CITY OR TOWN BALTIMO		MARYLAI	TATE
07/84 25M	BP		REMATION INERAL DIRECTOR C	DEC. 17,19	N & BROS, IN		25a. DATE R		25b REGISTRAR'S		אט
	DHMH - 17 (VR A1S ME (S))	60	NAME OLOREISTERSTON	AUURES	TO., MD 212		Mills	4000	Asia De	الاست	











STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. DECEASED NAME 20. DATE OF DEATH MONTH YEAR 2b HOUR TYPE OR PRINT 3 SEX 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR VALE HITE TO BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED A NEVER MARRIED COUNTRY **ENGLAND** USA BALTIMORE COUNTY WIDOWED DIVORCED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY RANDALLSTOWN BALTIMORE COUNTY GEN. HOSP. PROPRIETOR SER. STATION USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) APT. F 13g. STATE 13b COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE MARYLAND BALTO. BALTO. 9 SAGE CT. #21208 NO TX 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME FIRST MIDDLE LAST MIDDLE SAMUEL SILVER REBECCA UNKNOWN 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT MRS. ETHELADSTEVER APT. F (IF YES, GIVE WAR OR DATES) NO 100-07-6348A 9 SAGE BALTO., MD 21208 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line form), (b), and ic PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE to OR AS A CONSEQUENCE OF mocar Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 200 AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO F 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING T CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINERS 10 214 INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) STREET NOT WHILE 22a | certify that (1) (this hospital) attended the deceased from saw the deceased olive an. and that in (my) (aur) apinian death occurred on the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady ofter death 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL DIRECTOR PHYSICIAN PHYSICIAN | 22e ADDRESS 230. BURIAL CREMATION REMOVAL 23r. NAME OF CEMETERY OR CREMATORY

DHMH - 16 60M 7/84 (VRA 15, 4)

BP

(SPECIFY)

BURIAL

24 FUNERAL DIRECTOR SOL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO., MD

DEC.19,1986

21215

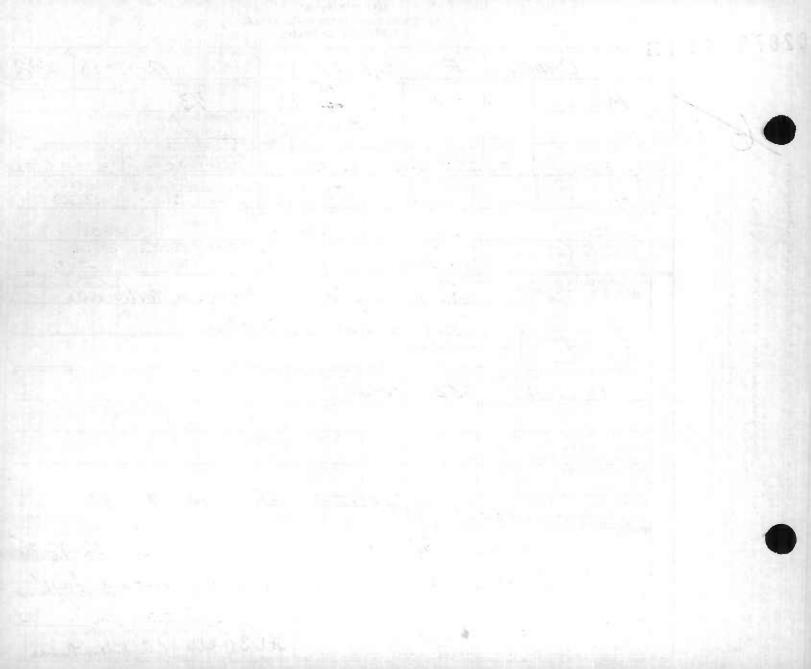
OHEB SHALOM MEM. PARK

250 DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNAT

CITY OR TOWN

REISTERSTOWN

MD



STATE OF MARYLAND

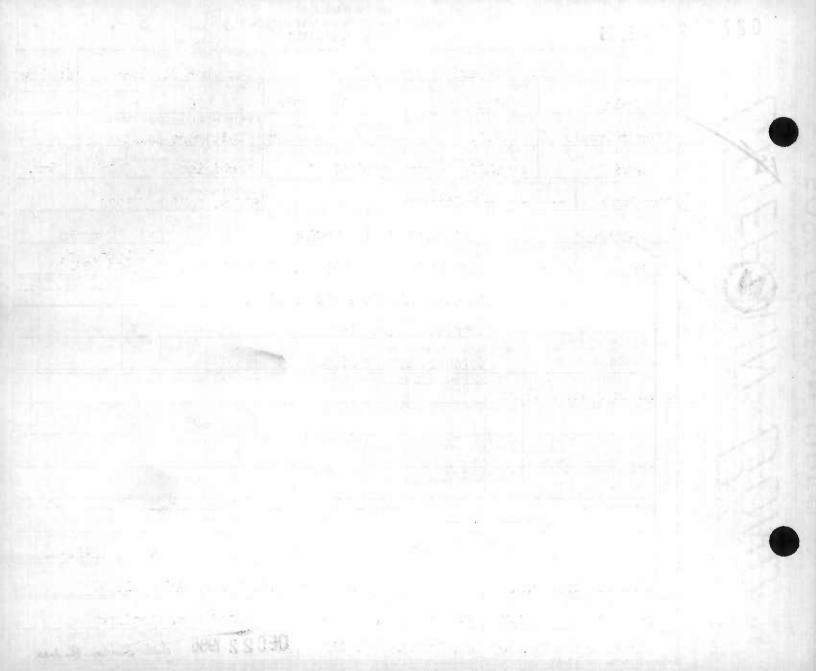
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7 -	~ > <u>~ (</u>	23a_1	BURIAL, CREMATION, REMOV	VAL 23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			, , , , , , , , , , , , , , , , , , , ,
BP			Cremation	12/22/1986	reen Mc	ount Cemetery	Baltimore	. Marvi	and	STATE
		24 F	UNERAL DIRECTOR	22/22/2000			EREC'D. BY REGISTRAR			LIRE

DHMH - 16 60M 7/84

Walter Brooks Bradley Inc. Baito., Md. 21222 (VRA 15, 4)

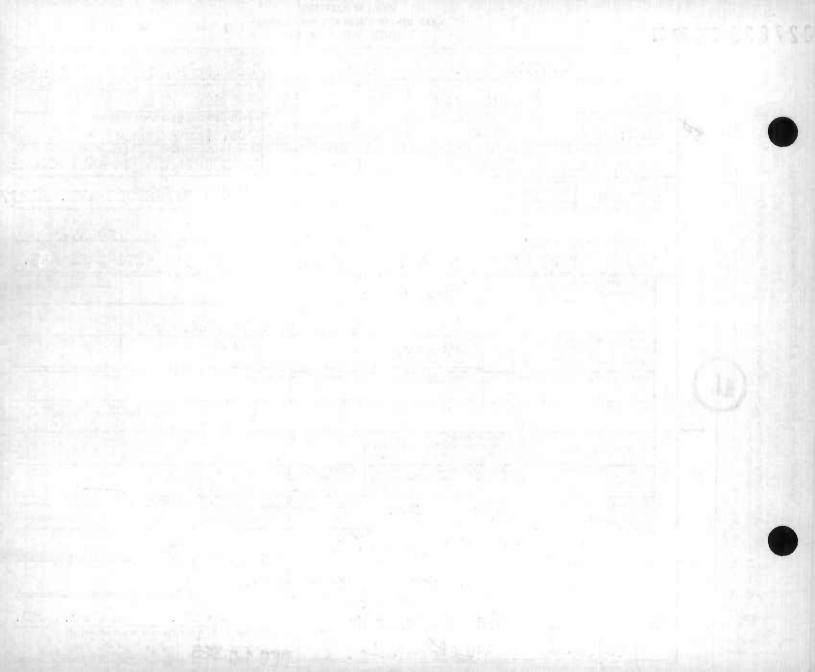
DEC 2 2 1986 Julia Mais & Julia Divideon Paridale



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE REGISTRAR CERTIFICATE OF DEATH LAST 20 DATE OF DEATH MONTH I. DECEASED NAME 2h HOUR TTYPE OR PRINTS Carville ٧. SIMON December 18, 1986 4. RACE 5 DATE OF BIRTH & AGE TIN YEARS LAST BIRTHDAY 3. SEX IF UNDER 1 YEAR 24 CAUCASIAN 62 MALE TO BIRTHPLACE (STATE OF FOREIGN IN CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED USA Baltimore County WIDOWED DIVORCED 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h, KIND OF BUSINESS OR ACCOUNTANT MANUFACTURE LIN SQUARE ROSSVILLE HOSPITAL 13e STESTOORNETGHBORS AVE. 21237 NO A 15. MOTHER'S MAIDEN NAME 14 FATHER'S NAME LAST FIRST MIDOLE MIDDLE FIRST MARY KOESTER STWON TOHN ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT 220147872 WINIFRED NEIGHBORS AVE SIMON 1510 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per ling too (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) SA CONSEQUENCE Q Private Physician to Conditions, if any, which gove rise to immediate sign couse (0), stoting the underlying cause last PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED. IN CERTIFYING CAUSES OF DEATH? NOT YES NO 21b. TIME OF INJURY 71a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) 10 P.M 71d INJURY OCCURRED 21e PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on and that in (my) (our) opinion death accurred on the date and hour and from the causes stated did not view the body ofter death 22 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING FUNERAL (PHYSICIAN DIRECTOR PHYSICIAN ANT 22d PHYSICIAN'S NAME LIVE OR PD 22e ADDRESS 0 23a. BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23h DATE 23d LOCATION BURTAT BATTO 24 FUNERAL D'RECTOR 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH - 16 60M 7/84 All Clegarot

(VRA 15, 4)

STATE OF MARYLAND

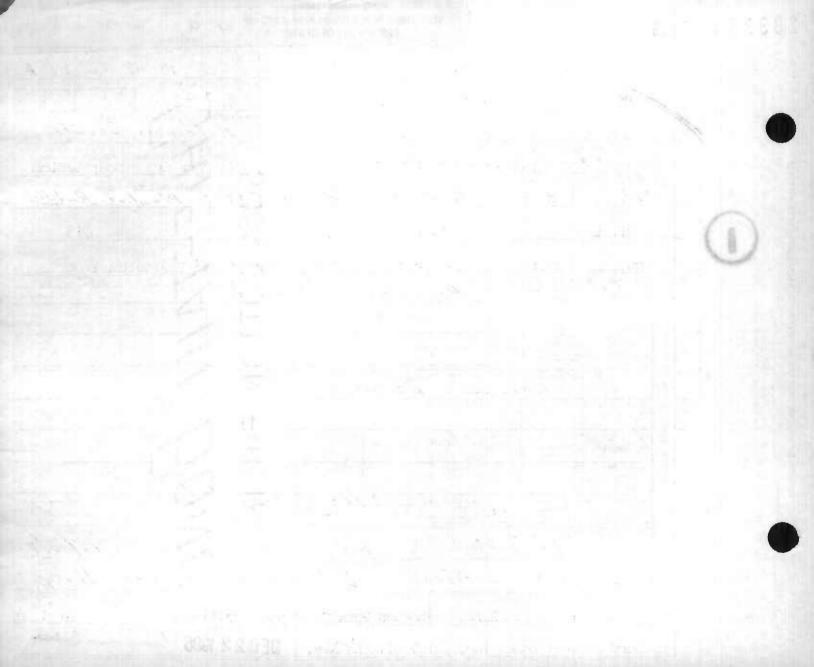


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OR ATT e hospi DIRECT oched fo Dept. of		22b. SIGNATURE	TOTAL TION VIEW THE	e body offer deoff		DEGREE		22c. DATE SIGNED
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or	24 5	Burial UNERAL DIRECTOR	112-	23-86	Holy Ro	osary	Baltimore Ma	aryland
DHMH - 16 60M 7/84	1	NAME		Al	DDRESS			
(VRA 15, 4)		Leonard J.	Ruck. In	c. 5305	Harford I	Road UF	C 2 2 1986 Mui	Tindon Pulse

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		rial	12/22/86	Loudon 1	Park Cemeter			Maryland
I - 16 60M 7/84	24 FUNERAL DIRECT	TOR	AF	DDRESS	25a. D	ATE REC'D, BY REGISTRAR	256 REGISTRAR'S SIGN	NATURE
(VRA 15, 4)		Funeral H	Home, Inc., 4	107 Wilke	21229 ens Ave.	EC 22 1986	Julia Deviders	V. Koramed



MD 2123

BALTO

Baltimore, Maryland

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Belane R 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

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e 4 may be tar, page 3 after death	(TYP	E OR PRINT)	ORA	1	V •	SI	MICH		12	15 136	11:00Pm
E d a	3. SE	X		I. RACE		5. DATE C		6 AGE (IN YEARS LAST BE	RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS
ge 4		Female		Black		MONTH		83	YRS.	MONTHS DAYS	HOURS MIN.
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hasp hasp iRECT shed for sept. a them 2		22b. SIGNATURE	id) (fid not)	view the body	ofter death.		DEGREE				
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	23a. 1	BURIAL, CREMATION, F		23b. DATE			METERY OR CREMATORY	23d LOCATION		COUNTY	STATE
BP		Burla.	L	12/19	/86 St	Luke	's Ch.Cem.	Merefor			Md.
DHMH - 16 60M 7/B4	-30	JNERAL DIRECTOR			ADDRESS		25e. DAT	E REC'D. BY REGISTRAF	25b. REGIS	TRAR'S SIGNAT	URE
(VRA 15, 4)	(hatman-Na	arris	FM 1	701 McC1	lloh	St. DEC	19 1966	Autia	Dindon.	Bribas

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250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

24 FUNERAL DIRECTOR

Mitchell-Wiedefeld Home 6500 York Road 21212

DHMH - 16 60M 7/84 (VRA 15, 4) the state of the same of the s ordinate to best to

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH 2a. DATE OF DEATH 26 HOUR DECEASED NAME TYPE OR PRINT) 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR March 19,1892 Female White INTERNAL ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Aryland Baltimore County IISA WIDOWED X TYPE OF WORK FOR MOST OF WORKING LIFE
Homemaker Baltimore County General Hospita Randallstown ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN 136 INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 5510 Boxhill Lane Baltimore 21210 YES XX Marvland FATHER'S NAME 15 MOTHER'S MAIDEN NAME Owen Francis Monaghan Mary Sharkey 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 213-48-6272 Mary Alice Brennan Same APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF INACT INFECTION WRINARU Conditions, if ony, which gove rise to immediate cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO 210 ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH LIF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED 21a PLACE OF INJURY 211 LOCATION CITY OF TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220.1 certify that (I) (this hospital) attended the deceased from sow the deceased olive an, , and that in (my) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did lipt) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN 22d. PHYSICIAN'S NAME (TYPE OR PRINT) 22e ADDRESS OPIANDO CONTRAN 23a BURIAL, CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY 236 DATE Burial Dec. 20,1986 St. Marys-Govans Baltimore City, Maryland 6500 York Rd 1250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84

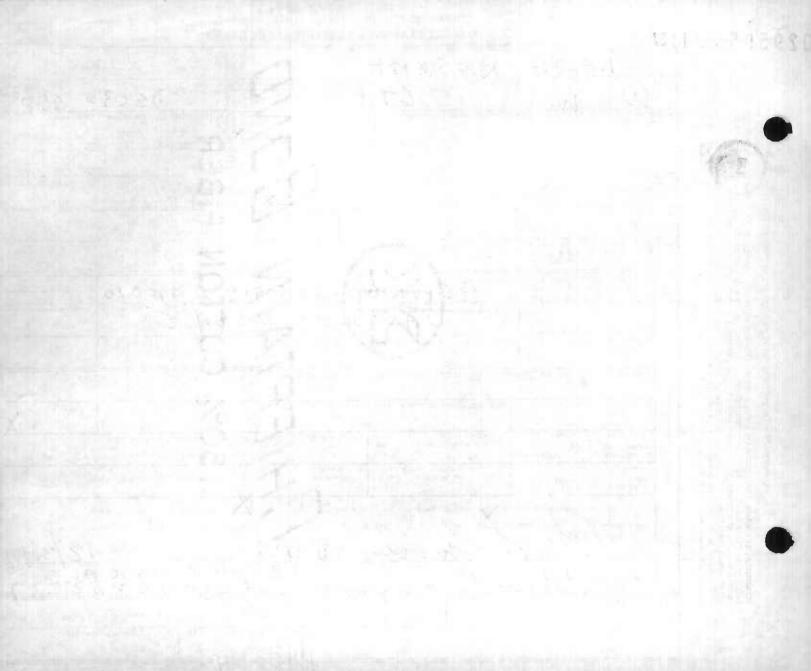
Mitchell-Wiedefeld Home, Inc. Balto., Md.21212

(VRA 15, 4)

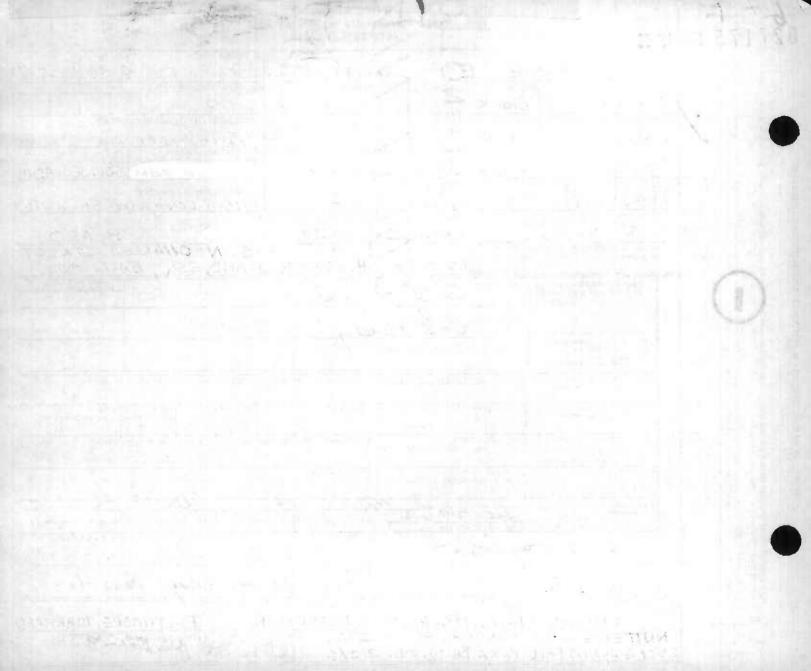
STATE OF MARYLAND

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR DECEASED NAME 20 DATE KNOWN MONTH (TYPE OR PRINT) DEATH MATED IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED Feb. 28, 1919 DEAD 0 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) United States DIVORCED X Baltimore Dounty, Maryland WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS **OR JNDUSTRY** FOR MOST OF WORKING LIFE)
Clerical Parkville 2911 Conroy Ct. Banking Apt. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) | 134 INSIDE (ITY LIMITS? | 13e STREET ADDRESS | 2911 Conroy Ct./21234 13c. CITY OR TOWN Maryland Parkville 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME Lawrence Hannah Elizabeth Selby. Smith 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 7 INFORMANT 806 Tudor Dr. (YES, NO, OR UNKNOWN)
YES Air Force. W. Evan L. Smith / Westminster, Md. 21157 18 CAUSE OF DEATH (Enter only one couse per ling for (o), (b), and (c).) SCLEROTIC CARDIO PART I DEATH WAS CAUSED BY: VLAR DISZASE Conditions, if ony, which gave rise to immediate couse (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10: CERTIFICATION 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES DEPARTMENT 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e PLACE OF INJURY LATHOME. 21f. LOCATION STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COLINITY WHILE AT WORK 220 I certify that I to a charge of the remains described above, held on Autopsy death resulted fom: Homicide Undetermined monner PAGE 4 SHOULD E TO FUNERAL DIRE AFTER DEATH, WITH BALTIMORE, MARY EXAMINER'S NAME (TYPE OR PRINT) 230. BURIAL, CREMATION, REMOVAL 236 DATE 231. NAME OF CEMETERY OR CREMATORY 23d LOCATION Carroll Cremation Services TY OR TOWN STATE (SPECIFY Cremation Dec.31,86 Hampstead, Carroll, Md. 07/84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE 136 P. Baltimore St. **DHMH - 17** (VR A15 ME (5)) Skiles Funeral Home . Taneytown, Md. 21787



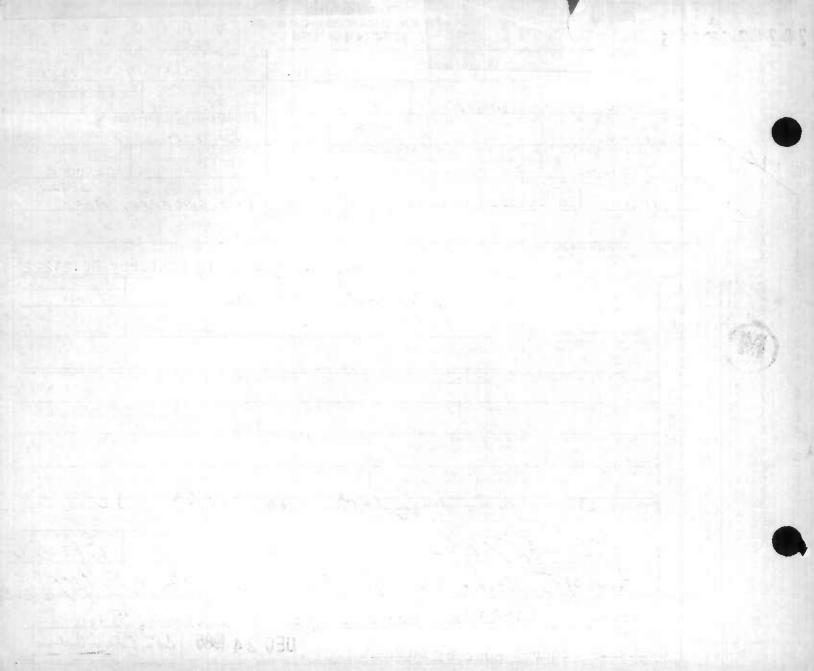
L+ L				STATE OF MARYLAND		
	1.	FOR	DEPARTM	ENT OF HEALTH AND MENTAL HYG	GIENE 8 6	3401/
UZ/175 DEC	15	STATE		CERTIFICATE OF DEATH	REG. NO.	
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ay be	{ TYPE	VALA	RIE E.	Smith	12	8 86 10:55 M
nay broge	3. SE		4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS.
n age in a special spe	F	emale	Black	MONTH 31 YEAR	68 YRS.	MONTHS DAYS HOURS MIN.
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10 10 10		est Virginia	USA	WIDOWED DIVORCED	+ Baltimor	e Co. MD.
4 1 10	10. CI	OWSON	11. NAME OF HOSPITAL, NURSING (IF NOT IN SUCH FACILITY, GIVE STREET A	DDRESS	126 USUAL OCCUPATION	
120	USU	AL RESIDENCE (# NURSING HOME OR	Manor Care OTHER INSTITUTION GIVE RESIDENCE BEFORE	ADMISSIONI	WKKESPUNDEN	TSOC. SEC. ADM.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death reflections by sixion. Viter this certificate has been signed by the otte can be complimed. The please remove a suppose this can be reflected by sixion of the buriol-transit permit. Then please remove a suppose this can be required that and Memial Hygiene prior to buriol, cremation as the buriol strong carried and remains and a suppose that it is not be recorded to the control of the control o	13a S	19ry Jany			136 STREET ADDRESS / ZIP COD	vpad St 21216
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the the Distriction of the Distr		C- June	THY COSTON	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	
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(VRA 15, 4)	25	TOI GWYNNS FAL	LIS PKWY. BALTO. n	no. 21216 DE	C12 1986 gula L	(trost.). Karana



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OR AT e hosp DIRECT sched fo Dept o		GNATURE	d) (did not)	view the body	after death/	7	DEGREE							ATE SIG	
. 4 . 0	100	1170	2	1 VI	en	~		ATTEN	IDING L	MEDICAL	STAF	F	1	7/	20101
etoined by the TO FUNERAL should be det with the Stote	22d. PH	JUVA JUVA	ME (TYPE OF	WeG	hess	ert	7-10 270 AI	DDRESS 30	157	-8a	u/(/	Place	· Bo	145	mare
0 a 0 d x x	23a BURIAL,	CREMATION, P	EMOVAL	23b. DATE	- 100		OF CEMETER			23d LOC	ATION OR TOWN		COUNTY	1-10	STATE
BP		rial		12/2	3/86	Gar	den oi	Fai	th	Ba	altin	ore.		vla	nd
DHMH - 16 60M 7/84	24 FUNERAL	34			ADE	ORESS		2 (1	250 DATE	REC'D. BY	CHSTRAR	25b REGIST	RAB'S SIG	NATURE	dass
(VRA 15, 4)	Conr	rellv I	Funer	ou fer	ma af	Dun	dalk .		ULU	44	500	guita	In the rolls	Ac. Mars	



mpletely filled in by the funeral director, page 3.2 and 2 should be filed within 72 hours after death while the working be quiffed at one. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has OR ATTENDING PHYSICIAN: The

02886

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

3 0 3 4 0 2 (

		REGISTRAR		CERTIFICATE OF DEATH	O REG. NO.	3 4 0 2 0
N -3	1. DE	CEASED NAME FIRST	M S.	SNOWDEN	20. DATE OF DEATH MONTH	-26-86 12.30A
	3. SE	Femme	1. RACE NEGRO	S. DATE OF BIRTH MONTH DAY PEAR 2 22	6. AGE JIN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
83	Di	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	9 BALTIMORE CITY OR COL BALTO	UNTY OF DEATH
20		BALT COUNT	(IF NOT IN SUCH FACILITY, GIVE STREET	ONVOLE SCOKION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK HOUSE WIF	12b. KIND OF BUSINESS OR INDUSTRY
3	13a. S	STATEMD. 136. COUN	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS? VES P NO	13. STREET ADDRESS -A	fayette Hue,
S S S S S S S S S S S S S S S S S S S	3	WILLIAM	MIDDLE ADAM	15. MOTHER'S MAIDEN NA CARRILL	WIDDLE	LAST
2		VAS DECEASED EVER IN U.S. AR. YES. NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 16b. SOCIAL SECTION (SECTION OF DATES)		1104 RECO	
1			lly one couse per line for to), (b), or D BY: E CAUSE (o)	Tarlate Can	cento Cenulal	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ner troumdi		Conditions, if any, which gave rise to immediate couse (0), stating the	DUE TO, OR AS A CONSEQUE OF TO, OR AS A CONSEQUE	Gite undoler	med-	
mjury, or of	NOI	PART 2. OTHER SIGNIFICANT C		DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION	N GIVEN IN PART 110
9	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
Nem 10 y	EDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR 19	RED (ENTER NATURE OF INJURY IN ITE	M 16 PART I OR PART 2)
Driked or	MEDI	21d. INJURY OCCURRED WHILE ONT WHILE OF AT WORK	210. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE.	FARM, ETC) 21f. LOCATION STREET	CITY OF TOWN	COUNTY STATE
m 21 12 m		sow the deceased a ive on above, (I) (we did did	to) oftended the deceosed from 19	7 - 9 - 19 86 . Ond that in (my) (our) opinion of	deoth occurred on the date on	d hour and from the couses stoted
NI: If He		22b. SIGNATURE	u_		MEDICAL STAFF	12-26-86
MPORTAN			NAIRIMD	R	JUIMORE A	10 21212
	1	BURIAL CREMATION, REMOVAL	12-29-1986 N	NAME OF CEMETERY OR CREMATORY IEL CATHEDRAL	23d. LOCATION	CITY MO
B2	Z	EVALUS CHAN	PEL OF CHAPPY	250000000000000000000000000000000000000	C 3 0 1986	EGISTRAR'S SIGNATURE

DEC 3 0 1986

DHMH - 16 50M 4/B2 (VRA 15, 4)

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TO HOSPITAL

IMPORTANT: If hem 21 is marked or hem 18 shows any should be detached for use as the burial-transit permits with the State Dept. of Health and Mental Hygiene

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7 8 DEC	ıb	FOR STATE COISTRAR	DEP	ARTMENT OF H	E OF MARYLAND BEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 6	3 4	3 2 1
		CEASED NAME FIRST	WIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	10
death death		ROSE				1	2 5 198	6 12 nog
	3. SEX	F	4. RACE W	5. DATE (MONII 10	DE BIRTH -15-1902	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER LYE MONTHS DA YRS	
89	la. Bi	RTHPLACE (STATE OR FOREIGN OUNTRY)	76 CITIZEN OF WHAT COUNTY	TRY? 8 MARRIE WIDOWI	D NEVER MARRIED D	BALTIMORE CITYO	R COUNTY OF DEATH	M
\$6	TO		GREATER BALTO	MEDI'CA		120 USUAL OCCUPATE (TYPE OF WORK FOR MOST OF Homemaker		D OF BUSINESS OR RY
25	ija S	AL RESIDENCE (IF NURSING HOME OR ITATE MD	OTHER INSTITUTION GIVE RESIDENCE IN THE BALL	BEFORE ADMISSION) IOWN	13d INSIDE CITY LIMITS? YES X NO 1	13e.ŞTREET ADDRESS 2727 Lou	ZIP CODE	21214
	- 1	THER'S NAME FIRST Edward	Fisher LAST		Mary Mary	AMÉ	Diggins	LAST
dico	10	VAS DECEASED EVER IN U.S. AR	E WAR OR DATES	SECURITY NO.	17 INFORMANT	ADDRE	SS	
E .	1	Vo	212-60	-4667	Patricia S.	Aubele, Sa	me as 13e	ROXIMATE INTERVAL EEN ONSET AND BEATH
any injury, or other traumotic	CERTIFICATION	Conditions, if any, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF THE CONTROL OF OPERATION	DUE TO, OR AS A CONSI (b) PRESUME I DUE TO, OR AS A CONSI (c) ONDITIONS CONTRIBUTING	FOUENCE OF	NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	20b. IF YES, WERE FIN	IDINGS USED
shows	TIFE					YES NO	IN CERTIFYING CAUS	NO [
1		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART	2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OF	FICE FARM ETC)	ZII LOCATION STREET	CITY OR TO	wn COUNTY	STATE
121 is mo		220.1 certify that (1) (this hospit saw the deceased alive on above, (1) (we) (did) (did no	12/5	0.0	5 19 <u>86</u> nd that in (my) (aur) opinion	death occurred on the do	5 19 86 orte and hour and from the same of	
TANT: # hen		226 PHYSICIAN'S NAME (IVPEO	Walls .		DEGREE ATTENDING PHYSICIAN [MEDICAL STAP		ATE SIGNED 6/86
M PO		Leslie L. Walt	ers, M.D.			arles St, Ba	lto Md 2120	04
	(URIAL, CREMATION, REMOVAL SPECIFY Burial	23b. DATE 12-9-86	Parkw		23d LOCATION CITYOR TOWN Balto.,	Md.	STATE
60M 7/B4 5, 4)	24 FL	e onard J. Ruck,	Inc.,5305 Har	ford Rd	250 DA	C 8 1986		· Randaes

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but co., Mil.

					STAT	E OF MARYLAND				
27026 DEC	5 OGTA	R TE GISTRAR		DEPART		EALTH AND MENTAL HYGICATE OF DEATH	0 (G. NO	4 0	1 2 2
	I DECEAS			MIDDLE	ī	AST	20. DATE OF DEA	ТН момтн	DAY YEAR	26 HOUR
oy be soge 3 deoth	TITPE OR PR		uth Sope	· ·				DEC	3 1986	3:45 PM
a pod er de	3 SEX		4. RACE		5. DATE C	OF BIRTH	6. AGE IN YEARS L	AST BIRTHDAY)	F UNDER I YEAR	1
ge 4 ::		MALE	WHIT		MONTE	- 5-96	90	YRS.	MONTHS DATS	HOURS MIN.
4 52 12	AHT WE MI	LACE (STATE OR FOREIGN	L CITIZEN OF	WHAT COUNTRY	MARRIE	NEVER MARRIED	9 BALTIMORE CI	TY OR COUNTY	OF DEATH	
9 10 6	Man	yland	USA		WIDOWE		150	21		MD.
1 11 807	CITYO	R TOWN OF DEATH		HOSPITAL, NURSI		OR OTHER INSTITUTION	170. USUAL OCCU		176. KIND C	OF BUSINESS OR
D 3 33 76	Cat	consville		t Nursin			Teacl		INDUSTRY SCI	2001
AND 212	13a STATE	aryland Ho	OTHER INSTITUTION	I3c. CITY OR TOV	RE ADMISSION)	13d INSIDE CITY LIMITS? YES NO*	13e STREET ADDR 4015 OV		Dr. J	1043
BALTIMORE, MARYLAND L. cote be contractional departs. Page opers. Page over the contraction of the contrac	FATHER	rs NAME First Heward Lut	MODIE her Smi	.th		15. MOTHER'S MAIDEN NA FIRST Leona	Thomas		ţ.A.	ST
E .		DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SEC	URITY NO.	17 INFORMANT	700 ⁴	Dogwoo	d Road	
IMC	THE TES INC	OK BIAKNOWN) (IF 125, GI	INE AN WE ON DIVIES!	215-05-5	5054	Cora W.Parso	n, Rali	imore.	MA 21	1207
Tr., BALT	18 C	AUSE OF DEATH Enter o	nly one cause pe ED BY: ITE CAUSE (o)	Cerebrat	Thra	heni		TIMOTE,	BETWEEN	Clara.
N Sing Sing or boor reported the confice of the con		IMMEDIA				1 1	1			7
STO eoth ve co on, o	Cor	nditions, if any, which	DUE TO, C	OR ASIA CONSEQU	ENCERT	tec Cardes	ascula ?	Dieser		
by the or other tro	go	ve rise to immediate ise (0), stating the derlying cause lost.	DUE TO, C	OR AS A CONSEQU	ENCE OF					
RDS, 20 equires t a signed Then ple r ta burio injury, or	PAR	T 2. OTHER SIGNIFICANT	CONDITIONS C	ONTRIBUTINGTO	Here	NOT RELATED TO THE TERM	INAL DISEASE OR	CONDITION GIV	EN IN PART 1	10
AL RECO	CERTIFICATION 190 [ATE OF OPERATION	196 COND	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDI FYING CAUSES	INGS USED S OF DEATH?
OF VITAL ICIAN: The physicion printicote hiol-tronsit printicote hiol-tronsit printicol Hygier em 18 tho		ACCIDENT WAS UNDERLYING ONTRIBUTING CAUSE OF DE EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A		AY YEAR	21c HOW INJURY OCCUR	RED (ENTER NATURE O	FINJURY IN ITEM 18	PART 1 OR PART 2)	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., NG PHYSICIAN: The low requires that the deoth certifications there this certificate has been signed by the ortending phase the buriol-transit permit. Then please remove carbona the and Mental Hygiene prior to buriol, cremotion, or remonveded, them 18 shows any injury, or other traumatic even		INJURY OCCURRED	21e PLACE	OF INJURY TREET, FACTORY, OFFICE,		711 LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
TENDIN ital or TOR: Af or use of theolth		certify that (I) (this hasp		- 3, 198	7-	23 - 1984 and that in (my) (see) opinion in	to 12	he dote and how		that (I) (we) lost
R AII hospitem		SIGNATURE	of view the body	offer death.		DEGREE			77c. DATE	
AL DI AL Dide Dore Declaration In It If It If It	1	Han	4 X/E	Fren.	In-	ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH	STAFF	12-	4-86.
TO HOSPITAL TO FUNERAL Should be det with the Store	221	HARRY W	KNIE	P MID		5411 06D	FREDERI	ck Rd.	212	29
7 € E # 3 ₹	730 BURIA	L, CREMATION, REMOVAL	236.DAXE /	73c	NAME OF C	EMETERY OR CREMATORY	23d. LOCATION			1
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DHMH - 16 50M 1/81 (VRA 15, 4)	Fur	TyreH.Witzke meral Home	& Famil	y 4112 (Columb	ia Road 250 DAT Md., 21043 DE	REC'D. BY REGIST	RAR 256 REGIST	RAR'S SIGNAT	URE

Mary and Hommed District Start

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Corn. M. armon, Bal Cheere, Md. 21207

x 4015 Gverlook Br.

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Harry H. Wiczas & Yaqily -ilk Columbia Road Funeral Hose Hillcott City, Md., 21063

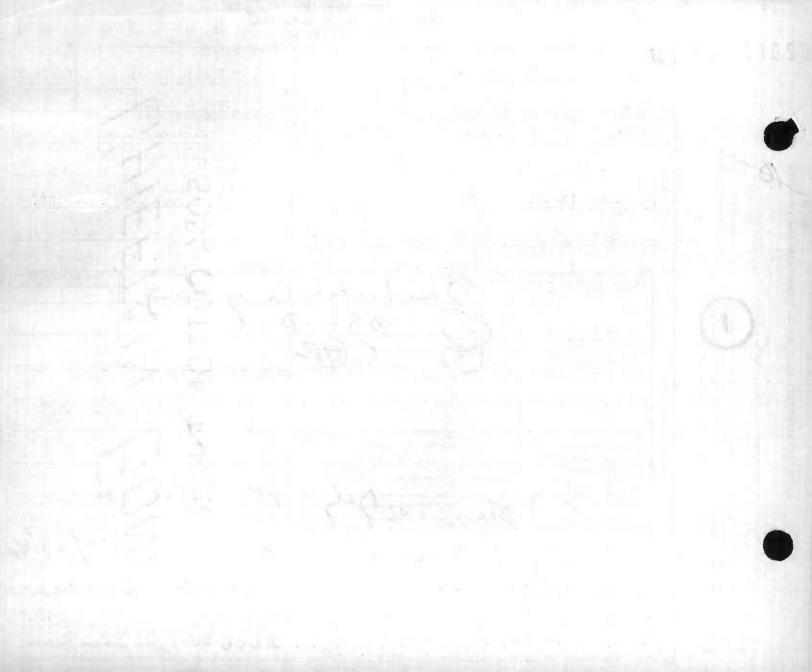
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	111		E OR PRINT)					OF ESTI-	12 . 61 111
	PLEASE RECTOR. R FILES. HOURS STREET,	3. SEX	PHIL I4 RACE	IP E. SPEI	RLEIN, SR.	ARS IF UND	ED I VD TIE LINIDED	DEATH MATED	1 1986 4A
	STATE		The second second	MONTH DAY	YEAR LAST BIRTHD	MONTHS	DAYS HOURS	MIN PRONOUNCED	20 1100
	ON SOUTH	MA	714-4-2	04/06/29	57 Y	RS.			1 1986 4A
-	HEREK <	FC	RTHPLACE (STATE OR REIGN COUNTRY)	76 CITIZEN OF WI	HAT COUNTRY?		NEVER MARRI	- //	10 -
	ASS.		RYLAND TY OR TOWN OF DEATH	USA	PITAL NURSING HOM	WIDOWE			DE WORK 1126 KIND OF BUSINESS
10	20 / (RESEL			(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS)	E, OR OTHER	CINSTITUTION	120 USUAL OCCUPATION (TYPE O	OR INDUSTRY
10	BENES -	_	BUTUS AL RESIDENCE (IF IN NURSING HOME)		1 ROAD	(Obi)		POLICE OFFICER	CITY GOV'T.
20	29E-38	13a. S	TATE 136 COUN	ITY	13c. CITY OR TOWN		34. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
24	でる当る場の	_		IMORE	ARBUTUS		YES NOY		21227
M	E-1027	1	ATHER'S NAME FIRST	MIDDLE	LAST		5. MOTHER'S MAIDE	N NAME MIDDLE	LAST
ORE	A SHEET	-	LIP G. SPERLEI		In section	W 110	HELEN (
MI.	展型を設めく	{Y		WAR OR DATES)	166. SOCIAL SECURIT	Y NO.	7. INFORMANT	ADDRESS	
BAL	PAGEN A	YES			1213-26-34	48	ANNA M. S	PERLEIN 1072 EI	
ti.	200	:	18 CAUSE OF DEATH (Enter or PART I DEATH WAS CAUSE	ly one cause per line D BY:	J. 65-1: -	- 1	/	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
NO	TANGER A		IMMEDIA	TE CAUSE (a)	PRIOS	Class	richt	010 17564140	*19 DASE
TES	WATER NO.	1	Conditions, if ony, which	DUE TO, OR	AS A CONSEQUENCE	OF	1 -		Un a sol
- 5	中立語を正常		gave rise to immediate couse (a) stating the under-		A A SET	127 /	hell, To		1. HKZ
5	BAS AND A		lying couse lost.	DUE TO, OR	AS A CONSEQUENCE	OF			
5, 2	J. S.		DART 2 DANCE CICAGOCA NT CONDITIONS	(c)	AUT NOT BELLEVO TO THE TEN	LIMIT DISCUSS OF			
DIVISION OF VITAL RECORDS	VUD BE EXECUTED "PENDING" IN EF MEDICAL E SED AS A BURINE HEALTH AND ME AL, CREMATION	z	PART 2 DINER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERP	MINAL DIZEAZE D	R CONDITION GIVEN IN PA	RT 1 (a).	
REC	MEN WEIGH	CERTIFICATION	19a, DATE OF OPERATION	119h CONDI	TION FOR WHICH OPER	RATION WA	S PERFORMED?		28. AUTOPSY?
Z	SHOULD ORD "PE CHIEF A SE USED !	FIG							
<u> </u>	WO SE	1 2	21a. EXTERNAL CAUSE WAS	21b. TIME OF	INJURY	ZIc BOY	W INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18 PAI	YES NO
0 2	SHEET STORY		UNDERLYING OR		. MONTH DAY YEA	R			,
Sio	CERTIF TING 3 SHO DEFAR	MEDICAL	21d. INJURY OCCURRED		DF INJURY (AT HOME,	211. LOC	ATION		
DIV		W.	WHILE AT WORK DAT WORK	STREET, FAC	TORY, FARM, ETC.)	STR	EET	CITY OR TOWN	COUNTY STATE
	H A A A S								
	뿞은으룺ㅠ금		22a I certify that I taak charg	ge of the remains des	cribed obove, held an	Autopsy		n L, Inquiry L, and	in my opinian
	XAMIN ERTIFIC ID BE I DIRECT WITH T		death resulted from Natu	rol causes .	Accident L., Su	vicide [],	Hamicide .	Undetermined manner,	
	A V V V V V V V V V V V V V V V V V V V		ACTUAL TANNI	Ilinn	man II		TITLE (SPECIFY)		DATE 12/1/18
	SE S		SIGNATURE	CONT	10-17	M.D	2401	MEDICAL EXAMINER	SIGNED A
	NO WENT		EXAMINER'S NAME	f. W111	IAMSON	TI.	555	0 62 LTD. NA	F11 PK 2122 T
	TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE A SHOUDD BE FOR TO FUNERAL DIRECTO AFIER DEATH, WITH THE BATTMORE, MARYLAN	23a, B	URIAL, CREMATION, REMOVAL	23b DATE	23c. NAME OF CE		CREMATORY	23d LOCATION	~ /. (- / - / - / - / - / - / - / - / - / -
07.0			ŘÍAL	12/04/86	m2 1/5	~ ~	- 1 0	GARRISON FOREST	ROLL STATE
07/84 25M	BP	24 F	JNERAL DIRECTOR		III-VK	1,6	250. DATE	REC'D. BY REGISTRAR 1256 REGIST	TRAR'S SIGNATURE
	DHMH - 17 (VR A15 ME (5))	AM	BROSE FUNERAL I	ADDRESS		DINC	ROAD DEC	2 1986 di	Dirider Rondon
		T AL.	DIVOOR LONDIVAL	101-T2 T2 C0	SULPHUK SE	PRING	KUALL		

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		1-	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTAL HYG	REG. NO.	3 4	0 2 4
28809 J	N-	I. DE	EASED NAME FIRST OR PRINT)		MIDDLE	-	AST	20. DATE OF DEATH		2b. HOUR
oy be		(1999)	GLA	DYS	D.		STALLINGS	December 2	7. 1986	8:45P M
a d		3. SE		4. RACE		5. DATE O		6. AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YE	AR IF UNDER 24 HRS
7 00		1	Female	White	e	Nove	mber 3. 1907	79	YRS.	S HOURS MIN.
4 120	1	7a. BI	RTHPLACE (STATE OF FOREIGN		WHAT COUNTRY?	18.	D NEVER MARRIED	9. BALTIMORE CITY OR		
(32 B	0	1	Maryland	U.S.	Α.	WIDOW	3737	Baltim	ore County	MD.
1 36	7.0	10. C	TY OR TOWN OF DEATH	11. NAME OF	HOSPITAL, NURSIN	IG HOME (OR OTHER INSTITUTION	12a. USUAL OCCUPATIO		OF BUSINESS OR
5 //S	0	(Catonsville		ontrose M		Court	Clerk Typi		rance
200	2		AL RESIDENCE (# NURSING HOME TATE 113b. COI							
No. 24	1			timore	Catonsvi	Île	131. INSIDE CITY LIMITS? YES \(\subseteq \text{NO.K.X}\)	13e.STREET ADDRESS /	ntrose Man	21228
X # 63%		14. FA	THER'S NAME			200	15. MOTHER'S MAIDEN NA	ME		
AAR S SO	50		John	MIDDLE	Dull		Clara	WIDDLE		inknown)
Con s 1 con	0 4		VAS DECEASED EVER IN U.S. A		166: SOCIAL SECU	IRITY NO.	17 INFORMANT	ADDRES	S	
NO SE	nedicol			GIVE WAR OR DATES)	215 10 1	25/	Doroth. Boo	405	W. Penn Ay	enue
e be cron	the !		No.		215-10-1		Dorothy Bea	man Tows		1204 OXIMATE INTERVAL EN ONSET AND DEATH
8 400	Ī.		18 CAUSE OF DEATH (Enter PART I, DEATH WAS CAUS	SED BY:	me for (o), (b), on	dic.	etati (1	BETWEE	N ONSET AND DEATH
18 28	4		IMMEDI	ATE CAUSE (0)	- Marie	1 1	Sin la Ca	of our	9	
TON TO	1	3		DUE TO, 9	PAS A CONSEOU	ENCE OF	< CVD			
ME TO TO THE TOTAL OF THE TOTAL	90		Conditions, if any, which gave rise to immediate	140-	2)	//			-	
TVI	ž.		couse (o), stating the underlying cause lost.	DUE TO,	RAN SONSEOU	ENCE OF	140			
od by	0			(c) 1						
RDS, 2	injury,	NO	PART 2 OTHER SIGNIFICAN	CONDITIONS C	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	NINAL DISEASE OR COND	ITION GIVEN IN PART	1(0)
RECORD o low requirements the perior to	À Qui	CERTIFICATION	19a DATE OF OPERATION	19b. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	VI	206. IF YES, WERE FINI IN CERTIFYING CAUS	SES OF DEATH?
VITAL N: The cysicial cote his consit pronsit property	è	ERT	71a. ACCIDENT WAS UNDERLYING	21h. TIME C	OF IN HIRY		21c HOW INJURY OCCUR	YES NOW	YES	NO 🗌
DIVISION OF VIT	-		OR CONTRIBUTING CAUSE OF		M. MONTH DA	AY YEAR	THE TIOM RESOURCE COOK	TED TENTER NATURE	MITEM TO PART I OR PART 2	
ON OF IYSICIA ding ph ding ph is certifi buriol-ti	10	MEDICAL	1# EITHER, NOTIFY MEDICAL EXAMINATION OF THE PROPERTY OF THE P		.M. OF INJURY	19	ZII LOCATION		ALL DO	
PH tend the b	0	MET	WHILE NOT WHILE		REET, FACTORY, OFFICE, F	ARM, ETC)	STREET	CITY OR TOW	N COUNTY	STATE
NG N	o yk		AT WORK AT WORK			- +	1/0	12/	x x6	
He S	E		228.1 certify that (1) (this has		ne deceased from_	81	19 0	10	19_0	m, that (I) (we) lost
A ATTEN hospitol RECTOR: red for us	121		saw the deceased olive obove, (I) (we) (did) (did	not) view the body	ofter death.	-	at that in my) (our) opinion	death occurred on the dot	e and hour and from the	he couses stated
oche Dept	e e		22h SIGNATURE				DEGREE		1 .	TE SIGNED
A P P P P P P P P P P P P P P P P P P P	= 1		- /	1 /	M	5	PHYSICIAN	MEDICAL STAFF	AN []	129186
SPIT d by NER be e	¥ 7		274 PHYSICIAN'S NAME (TYP	OR PRINT)		C	22e ADDRESS			/
TO HOSPIT TO FUNER should be with the Stri	MPORTAN		Marcelino Al	buerne	M.D.		5772 Wes	tview Mall,	Baltimore.	MD.
0 to 0 de 1	2		SURIAL, CREMATION, REMOVA			NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
BP			SMCWn Burial	12/30			Hill Cemetery	Baltimore	COUNTY	Maryland
		24. FU	UNERAL DIRECTOR				25a_DAI		SE BEGISTRAR'S SIGN	
DHMH - 16 60M (VRA 15, 4)	7/84	Le	TOYMM. & Russe	11 C. Wi	tzke Tune	ral		1 30 1980	Julia Devider	
(**************************************		TO	So Edmondson A	venue, C	aconsvill	e, IIL	. 21220		U	

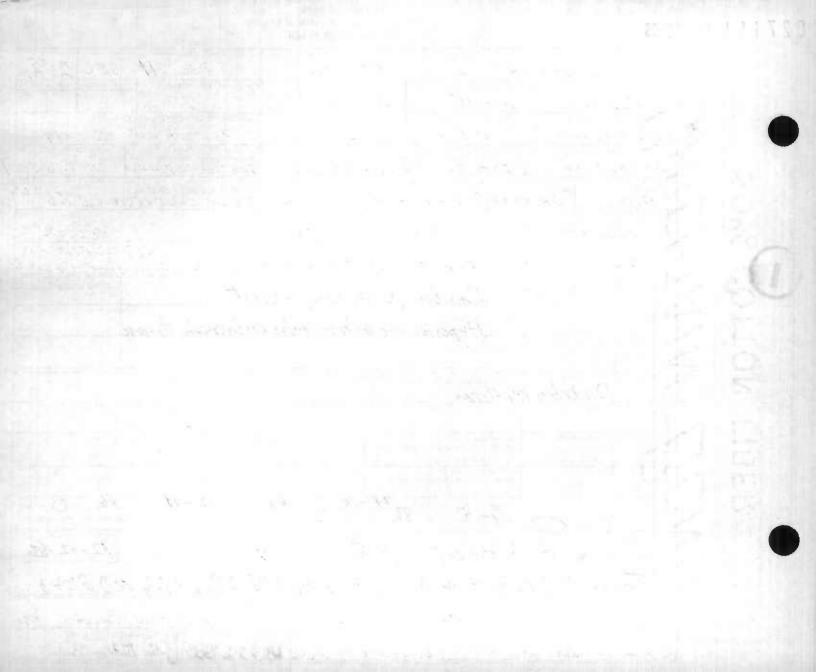
STATE OF MARYLAND



4		FOR STATE REGISTRAR	D	EPARTMENT OF I	E OF MARYLAND IEALTH AND MENTAL HY ICATE OF DEATH	REG. NO.	3 4 0 2 5
8 2 1 8 DEC 2	PE	GEASED NAME FIRST	MIDDLE		LAST	28. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
poge 3	1.76		OLINE T	STE	LLMANN	December 21	, 1986 5:30 PM
e b	3. SE	x	4 RACE	5 DATE	OF BIRTH	6. AGE IN YEARS LAST BIRTHDAY	#FUNDER TYEAR IF UNDER 24 HRS
s of		Female	White	Feb	. 10, 1901	85 YRS	The state of the s
1 479		RTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOW	D NEVER MARRIED	Baltimore C	
Mac	10 C	Pikesville	11. NAME OF HOSPITAL,	NURSING HOME OF STREET ADDRESSI	OR OTHER INSTITUTION	12d USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING Homemaker	126. KIND OF BUSINESS OR INDUSTRY
24 hour		AL RESIDENCE (IF NURSING HOME OF STATE 136 COL	OR OTHER INSTITUTION GIVE RESIDEN		13d. INSIDE CITY LIMITS? YES NO 🔀	130 STREET ADDRESS / ZIP CO	DDE
mpletely of States	14. F/	ATHER'S NAME	M. Tickno	LAST	15 MOTHER'S MAIDEN NA Caroline		Smith
n ond co	160. \	VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (18 YES, G	GIVE WAR OR DATES)	AL SECURITY NO. 28 2787	17 INFORMANT Edward B.	Stellmann.	Same
equires that the depth certified in signed by the certified in the burial, cremet since control injury, or other troumatic eve	NOI	Conditions, it any, which gove rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CO	INSEQUENCE OF	Encortical Contical	1 0	3+yrs
he low roon. hos bee t permit	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR	WHICH OPERATION	N WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO
NG PHYSICIAN - T ottending physici ther this certificate as the buriol-trons th and Mental Hyg orked or them 18 st		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER NOTIFY MEDICAL EXAMIN	DEATH HOUR A.M. MON	TH DAY YEAR		RRED (ENTER NATURE OF INJURY IN ITEM)	18 PART I OR PART 2)
offendin offer this of the bull was the bull orked or the	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY	OFFICE FARM ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
OR ATTENDING the hospital or DIRECTOR: A packed for use to Dept of Health from 21 is may		270. I certify that (I) (this has saw the deceased alive a above, (I) (ma) (did in 27h. SIONATURE	11-4 01	19 R.E.	DEGREE	death occurred on the date and h	27c. DATE SIGNED
TO HOSPITAL retoined by th TO FUNERAL should be deto with the State IMPORTANT. II		22d PHYSICIAN'S NAME (TYPE Dr. Charles		MD	PHYSICIAN 22e ADDRESS	Physician Physician	/12-27-86
BP	23a	BURIAL, CREMATION, REMOVA Surial		23c. NAME OF	CEMETERY OR CREMATORY		COUNTY MD STATE
DHMH - 16 50M 4/83 (VRA 15, 4)		UNERAL DIRECTOR Henr		-DOME SO	5 Co. 250. DA	TE REC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE

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			STATE OF MARYLAND		
027141 DEC	5 8 STATE REGISTRAR	DEPAR	RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	(GIENE 8 6)	3 4 0 2 0
	1. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
oge 3	(TYPE OR PRINT) ELEAI	VORA L.	STERNER	DEC. 14	1,1986 2:00 A.M.
a po	3 SEX	4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER LYEAR IF UNDER 24 HRS
ge 4	FEMALE	WHITE	NOV. 4 1909	77 YRS	
4 20 th	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTR	Y? 8 MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUN	
de de de de	WEST VIRGINIA	U.S.A.	WIDOWED DIVORCED SING HOME OR OTHER INSTITUTION	BALTIMOR 120 USUAL OCCUPATION	126. KIND OF BUSINESS OR
Softer Softer	CATONSVILLE	(IF NOT IN SUCH FACILITY, GIVE STR		TEXTILE SPINI	G LIFE) INDUSTRY
filled in must be	13a. STATE 13b CO			130.STREET ADDRESS / ZIP CO 2528 OLD FR	DDE 21228 REDERICK RD
AARYLA d within	14. FATHER'S NAME FIRST ERWEST	MIDDLE LAST	15. MOTHER'S MAIDEN N FIRST NANNLE	AME MIDDLE	Keuen
d control	160 WAS DECEASED EVER IN U.S.	ARMED FORCES? 166 SOCIAL SE		ADDRESS 25	28 OLD FRED. RD.
n ond co. Pages : medical	(YES, NO OR UNKNOWN) (IF YES.	GIVE WAR OR DATES) 176 - 0	7-9362 EVELYN L.	MARQUESS CAT	ENSVILLE MO 21228
201 W. PRESTON ST. ss that the death certifulated by the attending pily please remove carbon perion, or remon, or remon, or remon, or an attention or control, creation.	Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSECUENT	Miero alterricketic	Certovosides des	
		to conditions contributing to	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION (SIVEN IN PART 1101
NG PHYSICIAN: The law requirentending physician. After this certificate has been signs the burial-transit permit. There is and Mental Hygiene prior to be orked or frem 48 shows any injury	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHI	CH OPERATION WAS PERFORMED		YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
OF VITA ICIAN: Til 9 physicia 9 physicia 10-transin 11 hygi 18 st	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. MONTH	DAY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
VISION THENDING THE SET THE SE	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
DING OF	22a.1 certify that (I) (this ha	spital) attended the deceased from			, 19 86 , tho (1) (we) lost
ATTER Spiro CTO d for af H n 21 i	sow the deceased alive above (1) (we) (did) (did	not view the body ofter death.		n death occurred on the date and h	
ALOR the ha ALDIRE etachecetacher ire Depti	276. SIGNATURE	2 Terbent	M.D. ATTENDING	MEDICAL STAFF DIRECTOR PHYSICIAN	12-12-86
TO HOSPITAL retoined by th TO FUNERAL should be det with the Store	720 PHYSICIAN'S NAME (TYPE)	PEOR PRINTI	27e ADDRESS	Del Flie 20 12	100 2 miles
Short Short	23a BURIAL, CREMATION, REMOV	AL 23b DATE 23	NAME OF CEMETERY OR CREMATORY	123d LOCATION	1911 01077
BP	SPECIFY BURIAL	15 - 01	EACE UNITED CH. of CHE	CITY OR TOWN	N CARROLL MD
DHMH - 16 60M 7/84	24 FUNERAL DIRECTOR		25a D	ATE REC'D. BY REGISTRAR 256. REG	ISTRAR'S SIGNATURE
URIMIN - 10 00M 7/84	C. NAME	ADDRES!	5	ED A DADOC IA.	P. P. W.



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	ST	A	TE	OF	M	ARYL	AND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

3	6	3	4	0	2	
	DEC NO					

.0 13	DECEASED NAME FIRST	MIDDLE	LAST	REG. NO	MONTH DAY YEAR	In
3		3 0750011				26 HOUR
3		J STEROU	EL	December 9	1986	3:29
	. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR	IF UNDER 24 H
-	Male	White	July 21. 01917 YEAR	69	YRS.	HOURS A
	Maryland	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OF	COUNTY OF DEATH	
0			WIDOWED DIVORCED	Baltimore		
E /	O.CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING LIF NOT IN SUCH FACILITY GIVE STREET AS Franklin Sq. HO		120 USUAL OCCUPATION OF STEEL WORKE	WORKING LIFE) 12b, KIND C INDUSTRY	DE BUSINESS
ad state	JSUAL RESIDENCE (IF NURSING HOME OR 30. STATE 13b COUN Maryland Balt		13d. INSIDE CITY LIMITS? YES NO	13. STREET ADDRESS 1	yn Rd. 21	221
BO	FATHER'S NAME FIRST William	J. Sterquel	15. MOTHER'S MAIDEN NA	Arrow MIDDLE	LA	51
edico	(YES NOR UNKNOWN) (IF YES, GIV	MED FORCES? 166. SOCIAL SECUR E WAR OR DATES) 212 16 99		rquel, Wife	Same	
Ē.	18 CAUSE OF DEATH (Enter on	ly one couse per line for (a), (b), and	(c).)		APPROX BETWEEN	MATE INTERVA
3	PART I. DEATH WAS CAUSE	D BY: 'E CAUSE (0) Acute	Myocardial Inf	arction		
Fr. fc	WW.ESW.					
5	Conditions, if ony, which	DUE TO, OR AS A CONSEQUEN		Hoant Dic	0250	
ro .	gove rise to immediate	(b) Corollary	Acheroscierocic	nearc DIS	ease	
ther	couse (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUEN	ICE OF			
o io		(c)				
ury.	PART 2 OTHER SIGNIFICANT C		EATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART 1	10.
c A	2		enal Failure			
6	190 DATE OF OPERATION 210 ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH OPERATION WAS PERFORMED		200 AUTOPSY? 20b. IF YES, WERE FIND IN CERTIFYING CAUSE		
30				YES NO	YES 🗀	NO 🗌
00	210 ACCIDENT WAS UNDERLYING	216. TIME OF INJURY HOUR A.M. MONTH DAY	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART (OR PART 2)	
E 7	OR CONTRIBUTING CAUSE OF DEA		19			
5	(IF EITHER NOTIFY MEDICAL EXAMINER 21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION			1
0		(AT HOME STREET, FACTORY, OFFICE, FAR	RM, ETC) STREET	CITY OR TOW	AN COUNTA	STA
	AT WORK AT WORK		ecember II 10 8I	_{to} December	9 19 86	
	the deceased alive on	toll oftended the deceased from December 9 19	86 , and that in (m) (our) opinion		, , , , , , , , , , , , , , , , , , , ,	that X (w
7 4	obove, () (we) (did) (did)	t) view the body ofter death.		death accurred on the do		
± ±	126. SIGNATURE	Iniun ON	DEGREE	/		SIGNED
	Allauses &	fireen T	ATTENDING I	MEDICAL STAF	IAN	
Z	22d PHYSICIAN'S NAME (TYPE O		22e. ADDRESS			
	Dioniso Gard	cia M.D.	9000 Frank	lin Square	Dr., Balt,	2123
Ž /						
1 2	30. BURIAL, CREMATION, REMOVAL	23b. DATE 23c. NA	AME OF CEMETERY OR CREMATORY	23d LOCATION		
Z Z			een Mount Crematory		re Md. COUNTY	
2	30. BURIAL, CREMATION, REMOVAL City nation 4 FUNER DIRECTOR	12/13/86 Gr	een Mount Cremato			514

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

July 21, 1927 Institute! V The last a record to the last active of x web moodlyn md. 22222 seria- ero-Adi- anniero worth solth faminal . meriting are 211 15 375 whole is accurate wife and 12/15/56 Wheek Hount Investory Baltimore Ma. 1013 1191

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	1	STATE OF MARYLAND	
029368 JAN-	6.8	7 FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 5	4 0 6 0
	1 1.	REGISTRAR BLANCHE DOROTHY CERTIFICATE OF DEATH REG. NO.	
		CEASED NAME FIRST MIDDLE TAST 20. DATE OF DEATH MONTH DA	Y YEAR 26 HOUR
by be age 3 depth	(TYPE	Blanche Horothy Stewart 12-3	0.861:48 m
y de	3. SE.	The Control of the Co	UNDER 1 YEAR IF UNDER 24 HRS.
E	3. 30.	MONTH DAY YEAR	ONTHS DAYS HOURS MIN.
A 91		remale (1)1+19-11 75 yrs	
4 TO 2	7a. B	IRTHPLACE STATE OR FOREIGN TO CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED BALTIMORE CITY OR COUNTRY	FDEATH
1 1 1 KOS	gra	inton A WIDOWED DIVORCED BALTO OLD TO	MD.
11117	10. C	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION	12b. KIND OF BUSINESS OR
5 1/1 2 0		BALTIMOCE SAINT JOSEPH HOSO, TO PURE OF WORK FOR MOST OF WOR FOR WORK FOR MOST OF WORK FOR MOST OF WORK FOR MOST OF WORK FOR	tora Home
011	₩SU.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Kenny Fune Pa	" Home maker
9 3434	130.	AL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) STATE M. Baltimore Baltimore 13d. INSIDE CITY LIMITS? YES NO STATE ADDRESS ZIP CODE O 29 -A - TENNO YES NO STATE ADDRESS ZIP CODE O 29 -A - TENNO O	eim Rd21272
MARYLAND		ATHER'S NAME 15. MOTHER'S MAIDEN NAME	
4 (10 :選挙12)			vickas
1	-		
# P& D/	1	(YES NO OR UNKNOWN) (JEYES GIVE WAR OR DATES)	-21204
2 2 2/	No	213-34-1050 Thomas J. Kenny-7822	
IAN of the control of			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
7 4 4861		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which (b) Light Francisco Conditions of the constant	
N S G G G G G G G G G G G G G G G G G G		DUE TO OD 10 A CONICEOUTING OF	
0 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		Conditions, if any, which (b) DUE TO, OR AS A CONSEQUENCE OF CONDITION OF SERVICE OF SERVIC	
9 9 9 9		gave rise to immediate	
by the		couse (a), stating the underlying couse last DUE TO, OR AS A CONSEQUENCE OF	- (T) (1) (1) (1) (1) (1)
201 es the plear urial,		(c)	
	z	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVE	IN PART Ita
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir ottending physician. ther this certificate has been sign as the burial-itronsit permit. Then th and Mental Hygiene prior to b orked or them 18 shows ony injury	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206 JEWES,	WERE FINDINGS USED
low low	2	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IGNES,	ING CAUSES OF DEATH?
AL The Coon	E	YES NO YES	
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N OF VIII	N	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTEY MEDICAL EXAMINER) P.M. 19	
ON HYS	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY LATHOME STREET ACTION OFFICE FARM FLC 1 STREET CITY OF TOWN	COUNTY STATE
VISIO G PH offent offent ond ked o	2	WHILE NOT WHILE AT WORK AT WORK	JIMIE
DIN Or Aff		220.1 certify that (1) (this haspital) attended the deceased from 1/13 19 86 to 12/30	that eff (we) last
T P C P C P C P C P C P C P C P C P C P		saw the deceased alive on obove, (L) (we) (did) (did and view the bady other decit).	
AT A		obove, N (we) (did) (did worth view the body effect death. 22b. SIGNATURE DEGREE	22c. DATE SIGNED
OR A he hos DIRECTOR DEPT.	1	ATTENDING MEDICAL STAFF	12/30/1
SPITAL d by th NERAL be det tan TAN T.	16	FITSICIAN DIRECTOR PRISICIAN G	13.18
OSPI ned b UNE Id be the S			morray
TO HOSPITA retained by TO FUNERA should be do with the Stall			
5 5 - 2 3 ₹	23a 1	BURIAL, CREMATION, REMOVAL 236 DATE 236 NAME OF CEMETERY OR CREMATORY 236 LOCATION	COUNTY. STATE
BP		(SPECIFY) B urial 12/31/86 New Cathedral Cemetery-Baltimor	e,Md.
DHMH 14 4044 7 40 4	24 F	UNERAL DIRECTOR Sterling Funeral Estate, P. A. 250 DATE REC'D. BY REGISTRAR 256. REGISTRA	
DHMH - 16 60M 7/84 (VRA 15, 4)	23	66 Edmondson Avenue; Catonsville, Md. 2122 AN 6 1987 Julia	Sunday Porton
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				STATE OF MAKTLAND		
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you go	3 SE	· Will	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER A YEAR OF UNDER 24 HRS
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Po dir	7a. BI	RTHPLACE (STATE OF FOREIGN	76 CITIZEN OF WHAT COUNTRY?	8	9 BALTIMORE CITY OR COUN	
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and the second	14	LLL	01.2,17,	WIDOWED DIVORCED [I Hall Count	MD.
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Y F AR A	IA EA	THER'S NAME	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	15. MOTHER'S MAIDEN I		0, 0,00
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\$ 5 6 PC	1	WILLIAM	SIOICE	C DOLOK	PS	CORTEL
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* * * * * * * * * * * * * * * * * * *		18 CAUSE OF DEATH Enter or	lly one couse per line for 101, (b), on	dic n	1. A 1.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 63/2		PART I. DEATH WAS CAUSE	DBY: Garage	arteriosilensic car	dio Vascular dis	ease
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ST DE		Conditions, if ony, which	(h)	will be been a	action purposed to	
and the		gove rise to immediate	(6)		,	
W. de		couse (0), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUE	INCE OF		
the state of the s		onderlying coose last.	(c)			
2 4 4 6 6 6		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TE	RMINAL DISEASE OR CONDITION G	IVEN IN PART ILO
DS The state of	Z	01 . 7		rary disease unti		
Ö	Ě	190 DATE OF OPERATION				
SE S	2	140 DATE OF OPERATION	198 CONDITION FOR WAICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH?
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E - 2 4 E E	CERTIFICATION	210. ACCIDENT WAS UNDERLYING	216. TIME OF INJURY	21c HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM II	8 PART LORPART 2)
T 44 44 4 1	1000	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	AY YEAR		
O2 35 8 8 8 8 1 1	5	(IF EITHER NOTIFY MEDICAL EXAMINER	P.M.	19		
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2 of 5 of 5		saw the deceosed alive on obove, (I) (we) idid) (did no	12 - 12_ 19	ond that in (my) componing	on death occurred on the date and hi	out and from the couses stated
79 27 1		22b. SIGNATURE	The wine body oner deom.	QEGREE		22c DATE SIGNED
0 2 0 80 5		1/	er Ille A hard		MEDICAL STAFF	12.17.80
A 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		K	- 000	PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	12-11-00
5- 2103 /		274 PHYSICIAN'S NAME TYPE O	R PRINT)	22e ADDRESS	D- PA O.	LUTURANIE
ORT OF THE		DE KEITH	MANLET	1818,	Por SARING RU	MI STATE
0 6 5 5 1 3	100					MU 21053
	730 B	URIAL, CREMATION, REMOVAL	236 DATE 1/ 160/ 23c 1	NAME OF CEMETERY OR CREMATOR	Y 236 LOCATION	_ COUNTY STATE
BP	(KEMIHIION	DEC. 19/10/06/1	CEENITIOUNI CE	111. BALTO. C/	79 MD
	24 F.L	INERAL DIRECTOR	201	25a D	ATE REC'D. BY REGISTRAR 256 REGIS	STRAR'S SIGNATURE
DHMH - 16 60M 7/B4	1	-1741/5 CHY	THEL OF ABOVES		EO 4000	
(VRA 15, 4)	1	V/11/2 //11.	0 - 01 0/1/		LUI 9 Julia	Dindon Hickory



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

23¢ NAME OF CEMETERY OR CREMATORY Ocean View Cemetery

DHMH - 16 60M 7/84 (VRA 15, 4)

FOR

Burial Dec 15'86 Country Home Plan Date Recise RAR A REGISTAR A RE

230. BURIAL, CREMATION, REMOVAL

"Staten Island New York MATE

26 HOUR

12b. KIND OF BUSINESS OR

INDUSTRY

COUNTY

STATE

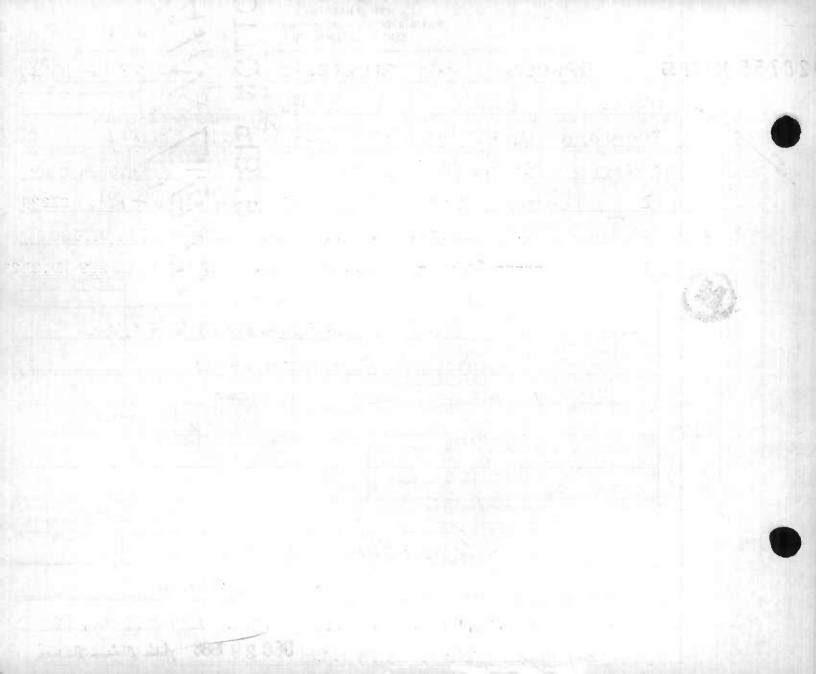
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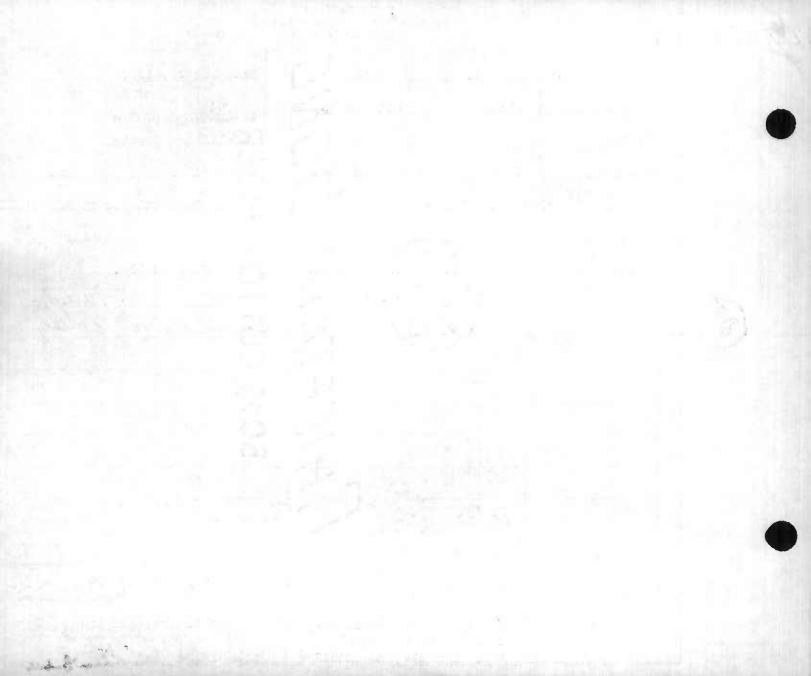
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IF UNDER 24 HRS

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	1	STATE OF MARYLAND
	1.	FOR STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH CERTIFICATE OF DEATH REG. NO.
2875 5; DEC 31		EASED NAME HAROLD MIDDLE W. STULTZ 26, DATE OF DEATH MONTH DAY YEAR 126 HOUR AM
ge 4 moy ector, po rs ofter d	3. SE	Male white 5. Date of BIRTH START AND ALL STARTS AN
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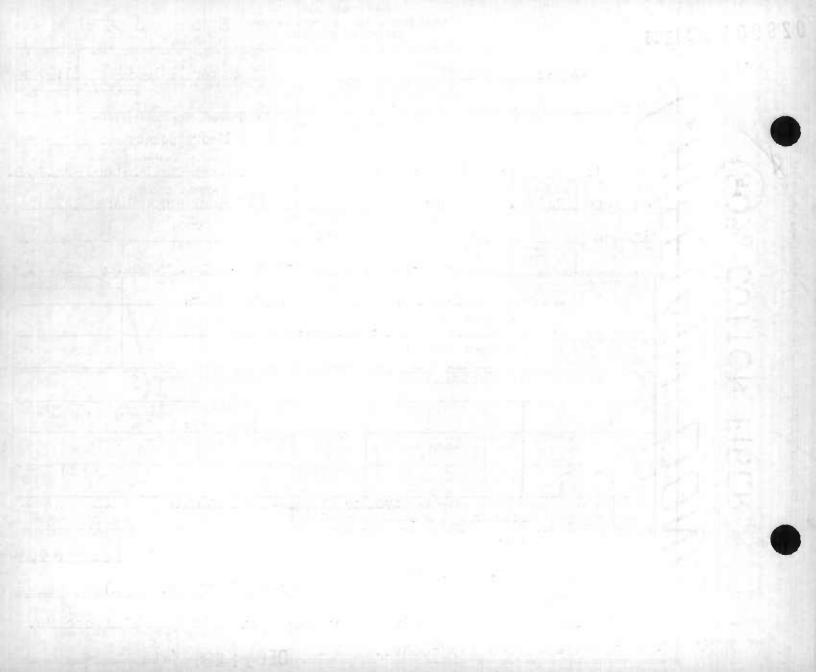




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ched Ched		22b. SIGNATURE	1 ans	(sury		DEGREE			DATE SIGNED
by the		/	0			ATTENDING PHYSICIAN	MEDICAL STAF	TANGE DE	ecember 7.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE -STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH O REGISTRAR 1. DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-DEATH MATED 4 RACE IF UNDER 1 YR. AGE (IN YEARS IF UNDER 24 HRS DATE YEAR LAST BIRTHDAY) PRONOUNCED 10/9/17 Black 69 Male DEAD YRS 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9 BALTIMORE CITY OR COUNTY OF DEATH MARRIED THEVER MARRIED N.C. USA WIDOWED DIVORCED 18 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION KIND OF BUSINESS 12b. IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE! OR INDUSTRY Baltimore Balto, CO, General USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) KULD 13a. STATE HIS COUNTY 13e. STREET ADDRESS 13c CITY OR TOWN 33d INSIDE CITY LIMITS? Md. Baltimore 436 E. Federal St. 21202 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Charlie Tapp Ada Tapp 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 2-44 3-46 Harriett Tapp 436 E. Federal St. 21202 Yes 244-01-6223 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (g). CHIEF MEDICAL EXAMINER ALGNG WILL USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HY GIENE DIRIAL, CREMONAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: DIVISION OF VITAL RECORDS, 201 W. PRESTON ST IMMEDIATE CAUSE (a) Canditions, if ony, which gove rise to immediate cause (a) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD," PAGE 4 SHOULD BE FORWARDED TO THE CHIEF.

TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED
AFTER DEATH, WITH THE STATE DEPARTMENT OF HE
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M. 21e PLACE OF INJURY LATHOME 211. LOCATION STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY STATE NOT WHILE AT WORK AT WORK EXAMINER: CERTIFICATE, 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinian death resulted from: Notural couses Hamicide Undetermined manner TITLE (SPECIFY) EXAMINER'S NAME TYPE OR PRINT 23c. HAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 23M. DATE 23d. LOCATION Burial COUNTY STATE 12/31/86 Garrison Forest Garrison Md. BP. 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE **DHMH-17** Chas.A.Rice FSPA 1300 Eutaw Place (VR A15 ME (5)) 15M 2/80

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE CERTIFICATE OF DEATH REGISTRAR REG. NO. 2g. DATE OF DEATH DECEASED NAME 2b. HOUR TYPE OR PRINT nnine THORN IF UNDER 24 HRS 4. RACE 5 DATE OF BIRTH AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR MONTH YEAR Caucasior BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE ISTATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Baltimore County Austria TISA WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION ID CITY OR TOWN OF DEATH 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) F NOT IN SUCH EACILITY, GIVE STREET ADDRESS) INDUSTRY Dulaney Towson Nursing Home Homemaker Towson USUAL RESIDENCE (IF NURSING HOMEOR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130. STATE 131. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE 5610 York Road 21212 Baltimore NOF Maryland 15. MOTHER'S MAIDEN NAME A FATHER'S NAME MIDDLE LAST MIDDLE LAST Juliana Renner Anton Kohout 6g WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT IYES NO OR UNKNOWN) Howard T. Dail 115 Patapsco Avenue 21222 215-10-0324 No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE ID DUF TO OR AS A CONSEQUENCE OF rzonaza Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORME 206. IF YES, WERE FINDINGS LISED IN CERTIFYING CAUSES OF DEATH? NOK YES [NO IT 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART LOR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF FITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE STREET AT HOME, STREET, FACTORY, OFFICE, FARM, ETC | WHILE NOT WHILE 22a 1 certify that (1) (this haspital) attended the deceased from_ saw the deceased alive on. and that in (my tour) opinion death accurred on the date and hour and from the causes stated obove (1) (wet (did) (did not) view the body ofter death DEGREE 22c. DATE SIGNED ATTENDING MEDICAL should be deto PHYSICIAN DIRECTOR PHYSICIAN PORTANT 22d PHYSICIAN'S NAME THERE OF PRINT 22e ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 238. BURIAL CREMATION, REMOVAL 23b. DATE CITY OR TOWN (SPEC#FY) STATE 12/4/86 Burial Parkwood Cemetery Baltimore Maruland 250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/B3 ADDRESS DEC 3 ulia Divideon Pandace (VRA 15, 4) Leonard J. Ruck. Inc. 5305 Harford Road 21214

AS-11-07-1 12. No and M. Land 115 Pateriol Lyunga

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

- STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST DECEASED NAME 20 DATE OF DEATH 2h HOUR (TYPE OR PRINT) LEE DONALD THOMAS DECEMBER 19, 1986 3. SEX 4 RACE 5 DATE OF BIRTH A AGE UN YEARS LAST BIRTHDAYS MONTH OCTOBER 18, 1917 MALE WHITE YRS TO BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED COUNTRY MARYLAND U.S.A. BALTIMORE COUNTY WIDOWED I CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12h, KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY B.G.&E. Supervisor FORT HOWARD VA MEDICAL CENTER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION)
130. STATE
1130. SOUNTY 131. CITY OR TOWN 136 Baltimore 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e.STREET ADDRESS / ZIP CODE BALTIMORE 345 OLD TRATI. 21212 MARYLAND NO TO 4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST REUBEN ELIZABETH STICKEL **EDWARD** NANNIE THOMAS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT LIF YES GIVE WAR OR DATES LYES, NO OR UNKNOWN) CLINICAL RECORDS, VAMC, FORT HOWARD, MD YES WORLD WAR II 213 14 4829 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY CARDIORESPIRATORY ARREST IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF PULMONARY EDEMA Conditions, if any, which gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART Lice CERTIFICATION 19a DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES X NOT YES 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY OR CONTRIBUTING CAUSE OF DEATH YEAR MEDICAL LIF FITHER NOTIFY MEDICAL EXAMINER P.M. 21d IN JURY OCCURRED 211 LOCATION 21e PLACE OF INJURY COUNTY CITY OF TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (IXthis hospital) attended the deceased from DECEMBER to DECEMBER 86 saw the deceased olive an DECEMBER 19 19 86 and that in XX (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING MEDICAL PHYSICIAN DIRECTOR PHYSICIAN X 12/20/86 274 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS VA MEDICAL CENTER, FORT HOWARD, MD WACLAW KAZIMIERCZAK M.D. 21052 230 BURIAL CREMATION REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 236 DATE

Greemmount

DHMH - 16 60M 7/84 (VRA 15, 4)

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ith the State

24 FUNERAL DIRECTOR

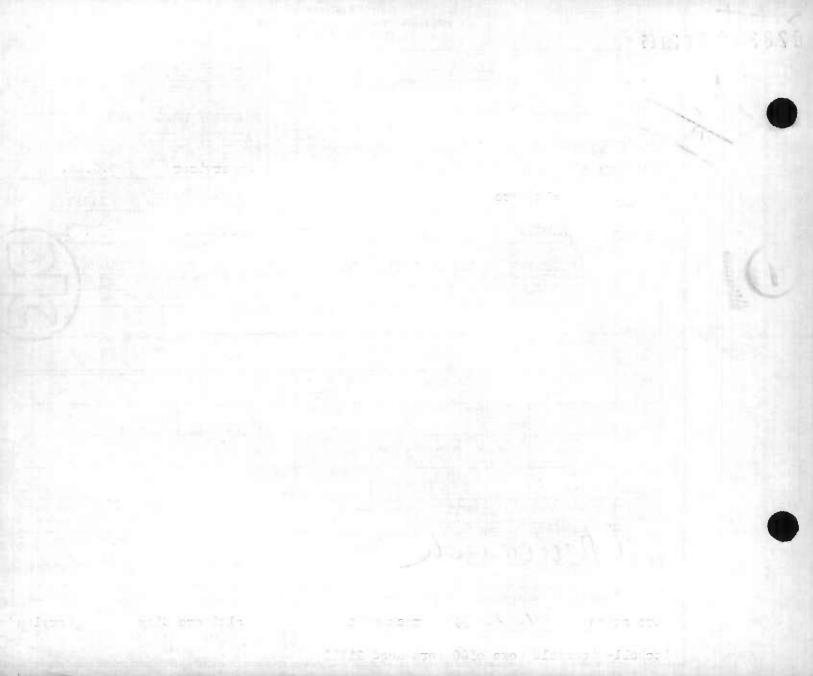
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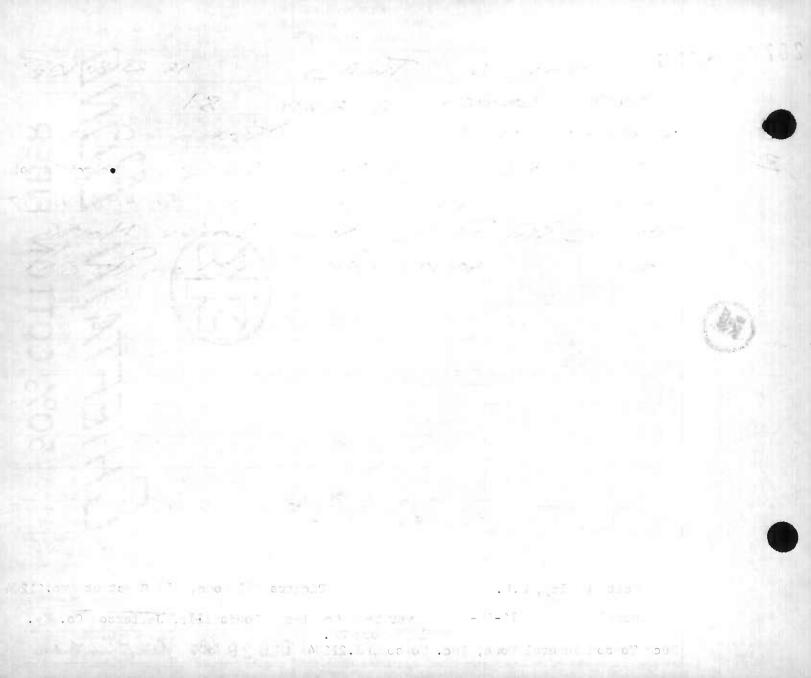
Mitchell-Wiedefeld Home 6500 York Road 21212

COUNTY Baltimore City

Maryland 26 PATE REC DO BY RESISTRAR 256 REGISTRAR'S SIGNATURE



	1			STATE OF MARYLAND		
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AL OR y the ha lar lar lar lar lar lar lar lar lar la		226 SIGNATURE	(At Tauley	DECREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12.2486
TO HOSPITAL TO FUNERAL Should be de with the Stot		22d PHYSICIAN'S NAME (14PE O Keith Manley		220 ADDRESS Pickers	sgill Home, 615	Chestnut Ave. 2120
BP	23a	BURIAL, CREMATION, REMOVAL	12-29-86	Evergreen Cemetery		efferson Co. Ky.
DHMH - 16 60M 7/84		uneral director ck Towson Funer		1050 York Rd. 250 DAY Towson, Md. 21204	G 2 9 1986	GISTRAR'S SIGNATURE



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STATE OF MARYLAND

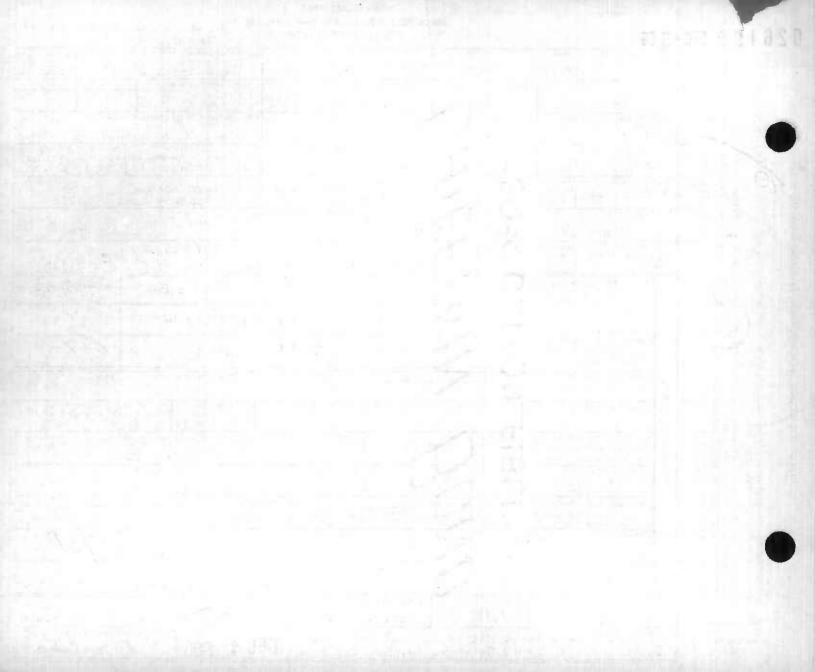
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Leroyami. Russell C. Witzke Funeral Homes P.A. 1630 Edmondson Avenue, Catonsville, MD. 21228

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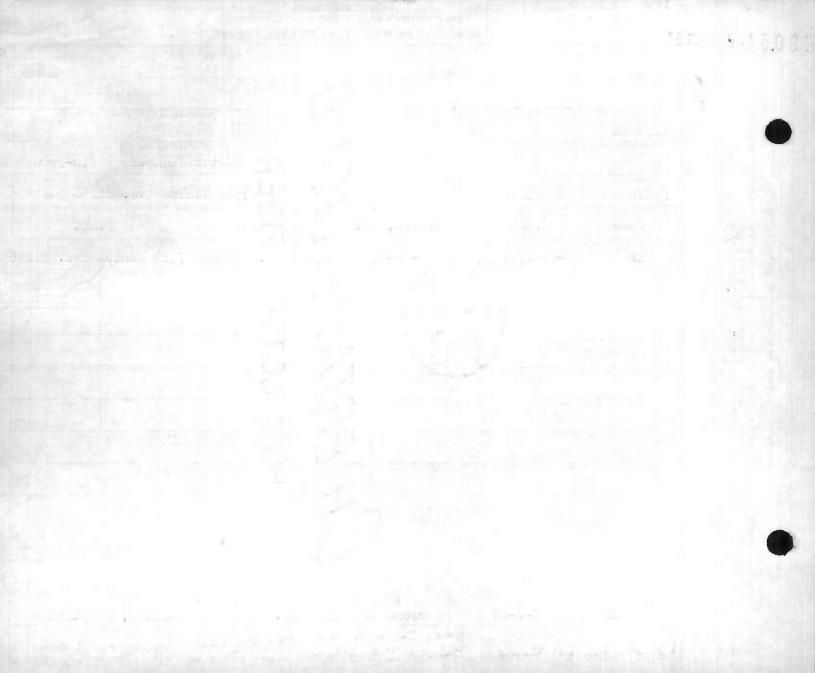
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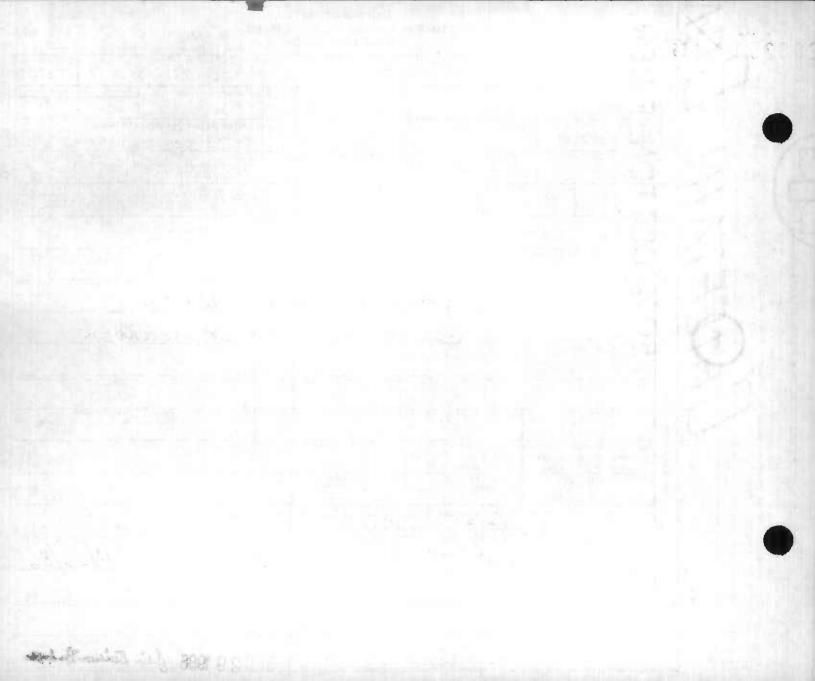


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	DIRECTO	10	226. SIGNATURE	ハイノ	DEGREE ATTENDING	_ MEDICAL STAFF	22c. DATE SIGNED
	JE 359		A.		PHYSICIAN [DIRECTOR PHYSICIAL	NX 12/19/86
	HOSPITAL:		224 PHYSICIAN'S NAME (TYPE OR	R PRINT)	22e ADDRESS		/ / /
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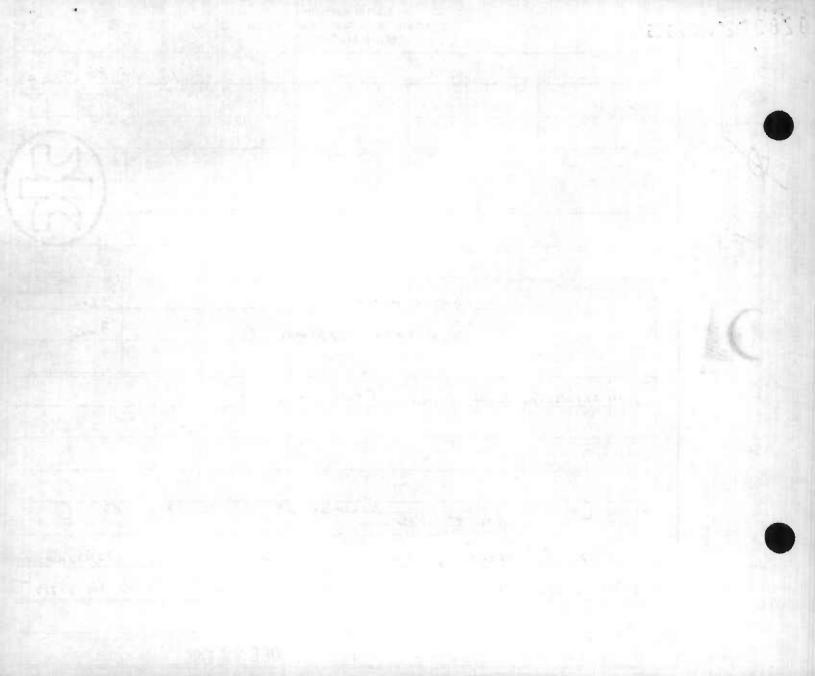
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ONOF	ERTIFICATE SHOULD ING THE WORD "PING THE WORD" "PING TO THE CHIEF! A SHOULD BE USED PEPARTMENT OF HE PRIOR TO BURIAL, IN THE P		210 EXTERNAL CAU UNDERLYING CONTRIBUTING	OR CAUSE OF DE	ATH P.M.	MONTH	DAY YEAR		4.1	OCCURRED	(ENTER NAT	URE OF INJURY I	N ITEM 18 PART	1 OR PART 2)		
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•	ERTIFICATE ERTIFICATE DE FORV DIRECTOR: I WITH THE S VARYLAND,		220 I certify that death resulted from ACTUAL SIGNATURE	-	of the remoins desc	ribed obo Accident		_Autops	Homic TITLE (SI	Inspection ide	Undetern	Inquiry Inquiry Inquired manne	, <u> </u>	my opinio	12/3	0/86
	TO MEDICAL E EXECUTE THE C PAGE 4 SHOU TO FUNERAL AFTER DEATH, BALTIMORE, N		EXAMINER'S NAME (TYPE OR PRINT)		Yiam M. Z				ADDRESS			St. E	Balto.	MD.		
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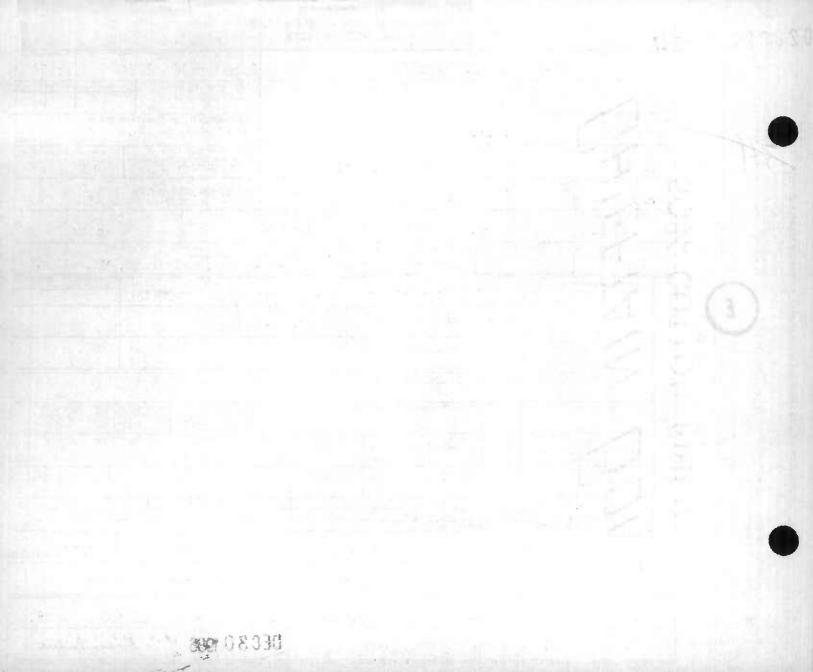


28342 DEC 2	9 8 STATE REGISTRA	R		DEPARTA	MENT OF HI	OF MARYL CATE OF	MENTAL HYG	IENE 8	5 REG. NO.	3 4	0 4 4
	I DECEASED NA	ME FIRST		MIDDLE	L/	.51		20 DATE OF		DAY YEAR	26 HOUR
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1 11 12		STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.	□ NEVED	MARRIED -	9 BALTIMOR		NTY OF DEATH	The state of the s
1 125	MD COUNTRY)		USA		WIDOWE		NORCED [BAL	TIMORE		MD.
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5 X 12 9 X	TOWSON		ST. JO	SEPH'S HO	SPITAL		18	NURSE		HEAL	
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN. The low requires that the structure of executed within a criterian physicion and completely filled in as the buriol-transit permit. Then please, may composers Pogenia and 2 shift on a Mental Hygiene prior to buriol, clemotrary or criterian population.	TAL RESIDENT			13c CITY OR TOW THURMONT	N I	13d. INSIDE	CITY LIMITS?		DDRESS / ZIP C	ODE 21788	
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	couse (c	to immediate the storing the	DUE TO, C	DR AS A CONSEQUE	ENCE OF						
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orres signe signe nen p b bur	Z PART 2 O	THER SIGNIFICANT	CONDITIONS	CONTRIBUTING TO		Holel	D TO THE TERM	INAL DISEASE	OR CONDITION	GIVEN IN PART	110
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ADIN OF A		y tho (1) (this hosp	ital) attended t		7	ovemb	W 1986		c. 14	19.66	. that (1) (we) lost
TTEN Pritol for s of H		ne deceased plive pi		v after death.	86, on	d that in (my	(our) opinion	deoth occurred	on the date and	hour and from t	he couses stated
OR A DIRECTOR OR A DIRECTOR OF THEM	226 SIGNE		0/	-0 :1	100	EGREE		/		22c. DA	TE SIGNED
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TO HOSPITAL (retoined by the TO FUNERAL I should be deto with the Store I	LE	ON E.KAS	1564 M	2		2435	- W. BE	NEGINE	ITVE D	alto, M	1 21213
T s s s	(SPECIFY)	MATION, REMOVA			NAME OF CE	METERY OR	CREMATORY	23d LOCAT	ION	COUNTY	STATE
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DHMH - 16 60M 7/84	24 FUNERAL DIR			STAUFFER						GISTRAR'S SIGN	
(VRA 15, 4)	1621 0	possumtow	n Pike,	Frederic	k, MD	21701	Ut	C 221	986 4.	in Tiendyon	-Pandage



	1	FOR	STATE OF MARY DEPARTMENT OF HEALTH AND	0 \	3 4 0 4 5
20052 050 15	1.	STATE REGISTRAN	CERTIFICATE OF	DEATH	G. NO.
COAD C OFF IS	1,456	CEASED NAME FIRST	IDDLE LAST	20. DATE OF DEAT	H MONTH DAY YEAR 26 HOUR
2 20	1	XXMMXNX EVER	RETT E TRUMAN	12 04 8	86
2 of 6 of 7	1.58	× MALE	WHITE S DATE OF BIRTH	13 th 73	MONTHS DAYS HOURS MIN.
	1	RTHPLACE CHALLOFFORES 76	CITIZEN OF WHAT COUNTRY?	MADDIED	LTIMORE CNTY MD.
. 118	40, C	TOWSON	NAME OF HOSPITAL, NURSING HOME OR OTHER IN (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) ST JOSEPH HOSPITA	(TXPE OF WORK FOR MI	PATION OST OF WORKING LIFE) RS .
TI TO	13a	AL RESIDENCE OF THE PROPERTY OF THE STATE THE BALL		CITY LIMITS? 136 STREET ADDRE	SS / ZIP CODE DRBETT RD 21111
1 16/12	My.	ATHER'S NAME	15. MOTHE	R'S MAIDEN NAME	IAST LAST
W 1 11/2/	15	Amss THOM	LASSOWARD C	18TTIE	PLUCKSTY
# 3 36 37		WAS DECEASED EVER IN U.S. ARME		ANT AL	DDRESS
DWI Post		TES, NO OR UNKNOWN) [IF TES, GIVE W	217 12 9915	FAMILY REC	0R05
T. BAIL		18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED I		arrest	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
N THE		1775	DUE TO, OR AS A CONSEQUENCE OF		. / 1.
denot denot denot tion.		Conditions, if any, which	(16) Massive acute	myocardial "	nfarction
T.W. PR hor the by the does remo		gave rise to immediate cause in, stating the underlying cause last	DUE TO, OR AS A CONSEQUENCE OF anter	y disease	
RDS, 20 equirm 1 Ther pla 75 burio rigury, or	NO	PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT NOT RELATE	ED TO THE TERMINAL DISEASE OR C	CONDITION GIVEN IN PART 110
DIVISION OF VITAL RECORDS, 20 ORFOGING PHYSICIAN. The low requires to other directions have been signed to the businest hand been been required to the business have prior to business of the prior	CERTIFICATION	11g DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERF	ORMED 200 AUTOPSY?	IN CERTIFYING CAUSES OF DEATH?
AN TO STATE	E	The ACCIDENT WAS UNDERLYING		INJURY OCCURRED (ENTER NATURE OF	FINJURY IN ITEM 18 PART I OR PART 2)
4 4 4 4 4	CAL	OR CONTRIBUTING CAUSE OF DEATH (FIETHER NOTIFE MEDICAL EXAMPLE)	F.M. 19		
Sign of the population of the	MEDICAL	THE INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 21I. LOCAT	ION ET CITY (OR TOWN COUNTY STATE
NO SE	1	ALWORL D NOT WHILE D	1_/_	/-	111 21
TTENDI or phiol or TTOR, A for use of Health		27a I certify that II this haspital saw the deceased alive on above, (I (ww.) (did not)	10/6 19 76 and that in (m)	y) (aur) opinion death accurred an t	he date and hour and fram the causes stated
to Degree of Degree of Degree of the No.	1	THE SIGNATURE VALUE	payed DEGREE	ATTENDING MEDICAL PHYSICIAN DIRECTOR PH	STAFF /Z/T/PB
O HOSPITA returned by TO FUNER. TO FUNER SHE TO FUNER SHE APORTAN		Guillerno	Maregas MD 120 ADDRI	SS 0	204 Towson 40 212
54 54 X	23e.		114 DATE 23¢ NAME OF CEMETERY OF	CREMATORY 23d LOCATION	
BP	10	REMATION	DES 5 MBG GREEN MOUR	BALT BALT	TWRE COUNTY MARYLAND
DHMH - 16 60M 7 14	24. F	UNERAL DIRECTOR	ADDRESS 2325		RAR 256 REGISTRAR'S SIGNATURE
D. I	10	vans CHAPSLO	FCHIMES YORK ROAD	DC0 4 4 408	10

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3 4 4 DE	7-1	ANS.			DEPARTMENT OF			25 0	3	40 4	1
	I. DEC	EASED NAME	FIRST	74121	WIDDIE	VER 3	LAST		REG. NO.	H DAY YEAR	Zb. HOUR
		OR PRINT)	NICK	W 1	CHAEL	4	· C PA	S DEATH A	ESTI-	- 2 8%	
	3 SEX	[4	RACE	5 DATE OF BIRTH	IA. AGE (IN Y	EARS IF UN	DER I YR. IF UNDER		MONTH	. ,, -	W
		lale	White	MONTH DAY	YEAR LAST BIRTHI	DAY) MONTI		MIN. PRONOUNC	ED ()	2 81	1000
ı		RTHPLACE (STATE		76 CITIZEN OF WH		Te.		- 9 BALTIMO	RE CITY OR COU	NTY OF DEATH	11000
ı	FOI	REIGN COUNTRY)					ED NEVER MARR	IED 📙			
ł		reece	DEATH	Greec	PITAL, NURSING HOM	WIDOW		120 USUAL OCCUPA	TION TYPE OF WOR		USINESS
l	_	undalk		(IF NOT IN SUCH FA	CILITY, GIVE STREET ADDRESS			FOR MOST OF WORKIN		OR INDUST	
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I	13a S1	laryland	136 COUNT	imore	13c. CITY OR TOWN Dundalk	13.4	13d INSIDE CITY LIMITS? YES NO S	13e STREET ADDRESS		1	07000
İ		THER'S NAME	Daic	THOLE	Duidaix		15. MOTHER'S MAIDE		North Pe	oint ka.	21222
ı		lichael		MIDDLE	Tsumbos		Anna	MIDE	DIE	Hotonia	
ı	160 V	AS DECEASED E	VER IN U.S. ARA	MED FORCES?	16b. SOCIAL SECURI		17 INFORMANT		ADDRESS	Tetonis	5
1	(4)	NO OR UNKNOWN	(IF YES, GIVE	WAR OR DATES)	216-32-8	685	Anna Mayr	issame a	c 136	Challet	
١			DEATH (Enter onl	y one couse per line	for (a), (b), and (c) 19		2 0 0	Dame a	100,	APPROXIMA	TE INTERVAL
I		PARTIDEAT	H WAS CAUSED	BY:	cute into	acer	ebeal to	emon hage	-	BETWEEN ONS	ET AND DEATH
		P. Links	WWEDIAI		AS A CONSEQUENCE	OF		7			
			if ony, which	(b)							
		cause (a) st	ating the under-		AS A CONSEQUENCE	OF					
l		lying cause	last.	(c)							
1		PART 2 OTNER SIGNI	FICANT CONDITIONS	CONTRIBUTING TO DEATH I	BUT NOT RELATED TO THE TER	MINAL OISEASI	OR CANDITION GIVEN IN PA	RT 1/b			
	O		hom	c type	nlensive	Ca	nchovaso	ulan du	easi		
Ì	CAT	19a. DATE OF O	PERATION	196/CONDIT	TION FOR WHICH OPE	RATION W	AS PERFORMED?			20 AUTOPSY	13
J	TIF									YES 🗌	NOT
į	MEDICAL CERTIFICATION	210. EXTERNAL OUNDERLYING		216 TIME OF HOUR A.M	INJURY . MONTH DAY YEA	AR 21c. HC	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR	PART 2)	
١	ICA	CONTRIBUTING	CAUSE OF E						TO THE		
۱	MED	WHILE TO	CURRED NOT WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY	STATE
ĺ			AT WORK								
1		22a I certify	hot I took charg	e of the remains des	cribed above, held an	Autop	sy . Inspection	n Inquiry	and in my	apinion	
I		death resulted	fram: Notur	al causes.	Accident , S	vicide	, Homicide .	Undetermined mani	ner .		
1		ACTUAL	TO	in ch	De a 17		TITLE (SPECIFY)			12/2	101
-		SIGNATURE_	1. (70+	aun Co	mov	M	o Dellary	MEDICAL EXAMIN	JER SIG		186
		EXAMINER'S NA (TYPE OR PRINT	ME T.C.	RUSSIAN	A DANKUK	141	2112	Danmer	AUF.	BALT: M	10 212
-	22 . 61						ADDRESS	7000000	NAD!		7 7 7
	(5	JRIAL, CREMATIC	N, REMOVAL 2		23c NAME OF CE		R CREMATORY	23d. LOCATION City or town			STATE
1		urial INERAL DIRECTO)R	12-4-86	Morel		250. DATE I	Baltimore REC'D. BY REGISTRAR	Marylar	SIGNATURE	
1		NAME	Duda-		ral Home o		dalk UL	U 5 1986	7		
1			7922	Wise Ave.	Dundalk,	MD	21222	0 1000	is and war	dern Panda	-

DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 TO FUNERAL DIRECTOR: After this certificate has been sign should be detached for use as the burial-transit permit. Then with the State Dept. of Health and Mental Hygiene prior to b. TO HOSPITAL OR ATTENDING PHYSICIAN: The low

DEC

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1 -	FOR STATE REGISTRAR	D		EALTH AND MENTAL HYG	REG. NO	3 4	4 3 4 3
1	II DEC	PASED NAME FIRST	WIDDIE		AST	20 DATE OF DEATH		EAR 26 HOUR
-	11110	Elizabet	h H.		Tunis	December	23,1986	M
	3. SEX		4 RACE	5. DATE C		6 AGE (IN YEARS LAST BIR		
		Female	White	Jan.	16, 1907	79	YRS	DAYS HOURS MIN.
5		RTHPLACE ISTATE OR FOREIGN OUNTRY) ennsylvania	76. CITIZEN OF WHAT CO	UNTRY? 8 MARRIE WIDOWE	D NEVER MARRIED	Baltimore City o	TH MD.	
)	Co	ry or town of death	11. NAME OF HOSPITAL,	Le Road	DR ÖTHER INSTITUTION	12g USUAL OCCUPATION OF HOMEMAKET	ON F WORKING LIFE) 12b. K INDU OV	IND OF BUSINESS OR STRY YN Home
1	USUA 130 S Ma	TATE TYLAND VIY 13c CITY	OR TOWN Sysville	13d. INSIDE CITY LIMITS? YES NO	13-12919PF\$1:	Is Road, 2	21030	
	14 FA	THER'S NAME Joe ¹ "ST	W. Hi	itton	15. MOTHER'S MAIDEN NA Martha	ME MIDDLE		Drew
		/AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV		AL SECURITY NO.	Joel W. Hu	tton, 2010 V		er Ave. 2122
a		18 CAUSE OF DEATH (Enter on	nly ane cause per line far (a	1, (b), and (c).			BE	APPROXIMATE INTERVAL
		PART I. DEATH WAS CAUSE IMMEDIA		101.2				
		Canditians, if any, which gave rise to immediate	DUE TO, OR AS A CO	NSEQUENCE OF				20 YRS
		cause (a), stating the underlying cause last.		ZYKS				
	NOIL	PART 2 OTHER SIGNIFICANT (CHIDNIC	035-RUCT	THE LUNE D.	MINAL DISEASE OR CONI	U.E.	
)	TIFIC	19a DATE OF OPERATION	196. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE I IN CERTIFYING CA YES [NO
		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA		TH DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUR	RY IN ITEM TO PART I ORP	ART 2)
	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY	,	211 LOCATION STREET	CITY OR TO	WN COUR	NTY STATE
	1	22a. I certify that (I) (this hospi saw the deceased alive an abave, (I) (we take) (did no	17 NOV	10 86	nd that in (my) (con) apinian	ta	, 19	
,		22b. SIGNATURE	Jane cent		ATTENDING PHYSICIAN	MEDICAL STAF DIRECTOR PHYSIC	F IAN 🗆	DATE SIGNED
		CHAZLES O	JONOVAN I	ī, m. s.	9 E CHASE		imore my	71262
		URIAL, CREMATION, REMOVAL	12-26-86		EMETERY OR CREMATORY	234 LOCATION CITY OR TOWN	COUNTY	STATE
		NERAL DIRECTOR	12-20-86	westvier	w Crematory	Baltimore	. Marylar	idb
		ck Towson Fune	ral Home, Ind	DDRESS 1050 Y	ork Rd. 21204	C 2 9 1986	Julia David	A
1								

DHMH - 16 60M 7/B4 (VRA 15, 4)

IMPORTANT: If Item 21 is marked or Item 28 thou

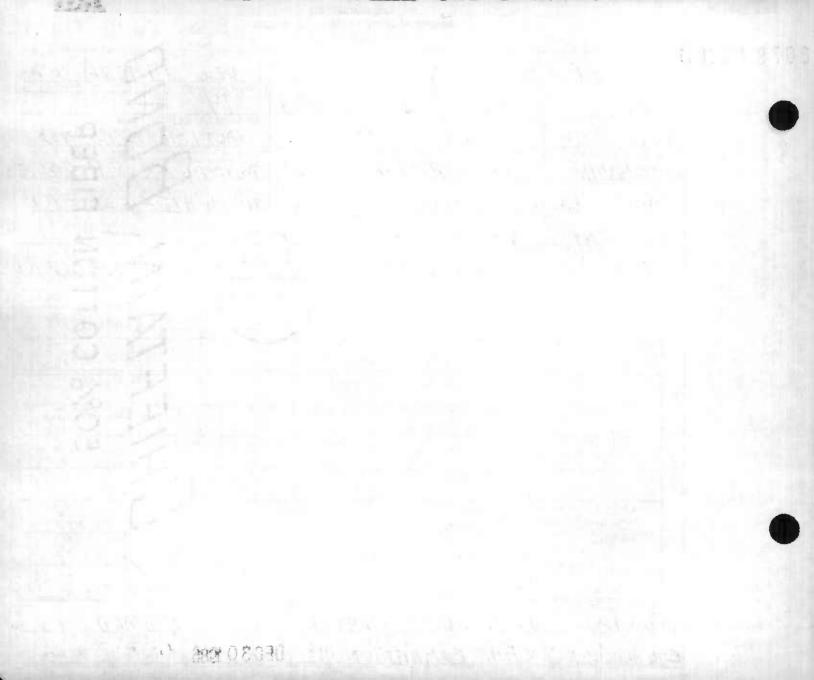
DEC 29 2001 Francisco (100)

FOR - STATE REGISTRAR REG. NO DESEASED NAME 2a. DATE KNOWN 26. HOUR TUNNEY ANNIE LOUISE OF ESTI-DEATH MATED DIRECTOR.
OUR FILES.
J 72 HOURS
ON STREET, 19 IF UNDER TYR. IF UNDER 24 HRS DATE 2d HOUR PRONOUNCED Sept. 17, 1918 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Baltimore County WIDOWED X DIVORCED U.S.A. Virginia 120 USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Nursing 7 Bee Hive Place Registered Nurse Cockeysville 1136 COUNTY 130 STATE 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 7 Bee Hive Place 21030 YES NO S Baltimore Cockevsville Maryland 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Annie Johnston Ingram Thomas 17 INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. **ADDRESS** 219-34-4977 Francis P. Tunney -4606 Vicky Rd. 21236 18. CAUSE OF DEATH (Enter only one cause per ling for (a), (b), and (c). DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise to immediate cause (a) stating the under DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (B) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES L 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 216 HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 ULD HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME 21f LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY STATE WHILE AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian PAGE 4 SHOULD BE F TO FUNERAL DIRECTO AFTER DEATH, WITH THE BALTIMORE, MARYLAR Hamicide Undetermined manner EXAMINER'S NAME TYPE OR PRINT ADDRESS 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATE 07/84 BP Burial 12-27-86 Clarksbury Meth.Ch.Cem. Deltaville Va. 25M 24 FUNERAL DIRECTOR 1050 York Rd. DHMH - 17 ADDRESS (VR A15 ME (5)) Ruck Towson Funeral Home, Inc. Towson, Md. 21204

STATE OF MARYLAND

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO LDECEASED NAME 20. DATE OF DEATH MONTH (TYPE OR PRINT) December 22, 1986 LILLIAN MARTE TYLER 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) 3 SEX IF UNDER 1 YEAR OL 98 Female White TO BIRTHPLACE (STATE OR FOREIGN 9 BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED Maryland U.S.A. Baltimore County DIVORCED WIDOWED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR Meridian Nursing Center-Heritage TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Baltimore Housewife ISUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 136 COUNTY 13e. STREET ADDRESS 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? Baltimore 530 S. Ellwood Avenue 21224 Maryland YES X NO 4. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIODLE Kaiser Kommalan Frederick Anna 60 WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. Mrsormillian Janiszewski 213-10-8149D 222 S. East Avenue, Baltimore, Md. 21224 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY: Sepsis 2 weeks IMMEDIATE CAUSE (a)_ W. PRESTON DUF TO, OR AS A CONSEQUENCE OF Gangrene, right foot Conditions, if ony, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) DIVISION OF VITAL RECORDS, CERTIFICATION ASCVD 19n DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? YES [NOF 210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 18 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH ond Mental MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 19 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION ö (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) CITY OR TOWN COUNTY STATE NOT WHILE 22a.1 certify that (1) (this schaspital) attended the deceased from... Nov. 86 that (1) (%) last 269___86, and that in (my XXxr) apinion death accurred an the date and hour and from the causes stated Nov. sow the deceased alive an NOV above, (1) ** **(1) **(1 22b. SIGNATURE DEGREE 22c. DATE SIGNED Should be detowith the Stote ATTENDING MEDICAL PHYSICIAN K DIRECTOR PHYSICIAN 12-22-86 MPORTANT 22 PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS 441 S. Ellwood Ave. Melito M. Torres, M.D. Balto. Md. 21224 23r. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL Burial Baltimore Md ATE 12-24-86 Oak Lawn Cemetery Baltimore BP Ann Matthews, Matthews Funeral Home 3021 Eastern Ave., Baltimore, Md. 21224 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DHMH-16 30M 2/80 (VRA 15, 4) malia Sicridion Pender

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG NO 1 DECEASED NAME 2a. DATE OF DEATH MONTH 2b HOUR 10 1 SEX AGE (IN YEARS LAST BIRTHDAY) IF UNDER 24 HRS IF UNDER TYPAR **BALTIMORE CITY OR COUNTY OF DEATH** NEVER MARRIED DIVORCED [MIDDLE ADDRESS 60 WAS DECEASED EVE IN U.S. ARMED FORCES? (IF YES GIVE WAR OR DATES) 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Canditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause lost. alu PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 90 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOF YES [210 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM TB PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d INJURY OCCURRED 21e. PLACE OF INJURY 211. LOCATION CITY OF TOWN STREET COUNTY STATE AT HOME, STREET FACTORY, OFFICE FARM, ETC) NOT WHILE 10 22a. I certify that (1) (this haspital) attended the deceased from sow the deceased olivers with the body ofter death , and that in (my) our) opinion death occurred on the date and hour and from the causes stated 226 SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF PHYSICIAN P DIRECTOR PHYSICIAN 22d. PHYSICIANS NAME LIVE OF PRIN 22e ADDRESS 900 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION 23b. DATE 250 DATE REC'D. BY REGISTRAR 250 REGISTRAL DHMH - 16 60M 7/84 (VRA 15, 4)



FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 2a. DATE OF DEATH MONTH I DECEASED NAME 2b. HOUR Margaret Wagher VEDRAL 4:50a December 23, 1986 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER TYEAR 5. DATE OF BIRTH IF UNDER 24 HRS 3~- 1904 FEMALE WHITE 9. BALTIMORE CITY OR COUNTY OF DEATH TO BIRTHPLACE (STATE OF FOREIGN 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED MARYLAND Baltimore County USA WIDOWED DIVORCED [NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 18 CITY OR TOWN OF DEATH 12a USUAL OCCUPATION 126 KIND OF BUSINESS OR F NOT IN SUCH FACILITY, GIVE STREET AODRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY FRANKLIN SQUARE HOSPITAL ROSSVILLE Housewife Homemaking USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a. STATE 13c. CITY OR TOWN 13e STREET ADDRESS / ZIP CODE 13d. INSIDE CITY LIMITS? MARYLAND BALTIMORE 913 Meadow Rd. Balto.Md. 21206 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDOLE MIDDLE FIRST Dudley Lillian Willard Harry Waggner BALTIMORE, 16h SOCIAL SECURITY NO 17. INFORMANT ADDRESS Frank David Vedral 5913 Meadow Rd. 21206 212-74-6673 No 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),1 PART I. DEATH WAS CAUSED BY. Cardiopulmonary Arrest IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF ESOPHAGEA Bleeding Conditions, if ony, which gave rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 NO Severe Malnutrition CERTIFICAT 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOY YES [NO [216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 710 ACCIDENT WAS UNDERLYING HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH Mentol MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) 0 214 INJURY OCCURRED 21s. PLACE OF INJURY 21f LOCATION CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 220 I certify that (t) (this haspital) attended the deceased Iram December 8 to December 226. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF 2/23/86 DIRECTOR PHYSICIAN PHYSICIAN 22d PHYSICIAN'S NAME (TYPE 22e ADDRESS MPORT Julie R. Aspiras, M.D. 9000 Franklin Sq. Dr. 230 BURIAL CREMATION, REMOVAL 23c NAME OF CEMETERY OR CREMATORY (SPECIFY) 12-27-86 Burial Baltimore, Maryland Gardens of Faith DEC 2 9 1986 Auto Aria 24 FUNERAL PORECTOR DHMH - 16 60M 7/B4 (VRA 15, 4)

STATE OF MARYLAND

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230 BURIAL CREMATION, REMOVAL

(SPECHTY)

Burial 12/6/86 Baltimore Crest Lawn Cemetery 24 FUNERAL DIRECTOR Loring Byers Funeral Directors, Inc. 250 DATE RECT. BY REGISTRAR 256. REGISTRAR'S SIGNATURE 8728 Liberty Road Randallstown, MD.

23c NAME OF CEMETERY OR CREMATORY

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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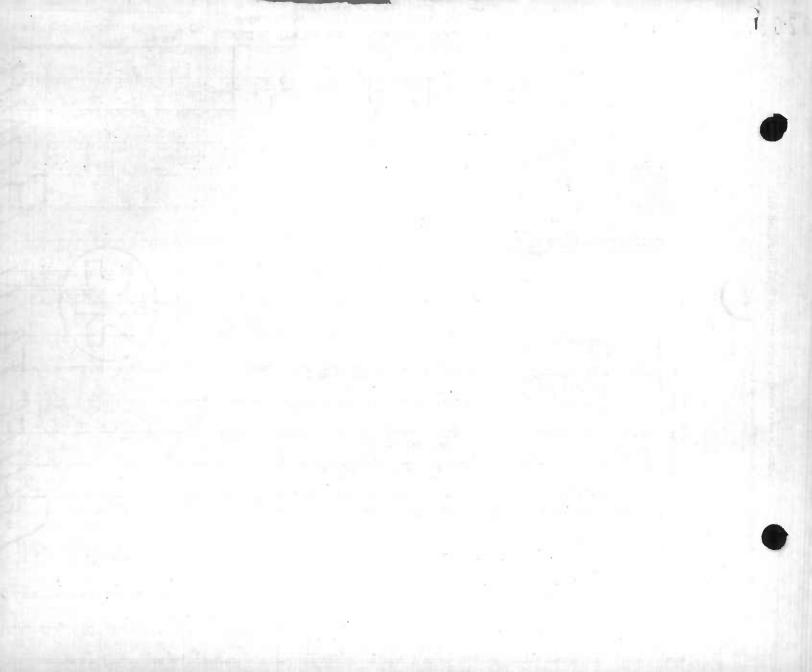
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 20. DATE KNOWN X (TYPE OR PRINT) ESTI-3:10 ROBERT K. VOITH DEATH MATED 12-20 1986 6. AGE (IN YEARS | IF UNDER 1 YR. 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER 24 HRS 2d HOUR DATE LAST BIRTHDAY) PRONOUNCED 19 86 3:10 WHITE 10-12-1951 DEAD MALE 35 12-21-Ta. BIRTHPLACE (STATE OR Th CITIZEN OF WHAT COUNTRYS 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED | NEVER MARRIED | MARYLAND U.S.A. BALTIMORE COUNTY WIDOWED | DIVORCED III. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 126, KIND OF BUSINESS IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE) OR INDUSTRY 1192 St. Agnes Lane BALTIMORE Greens Keeper Golf Course USUAL RESIDENCE HE IN NURSING HOME OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSIONAL 13d. INSIDE CITY LIMITS? 113e. STREET ADDRESS 13c. CITY OR TOWN MARYLAND ALTIMORE BALTIMORE 1192 St. Agnes Lane 21207 YES [NO X 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME MIDDLE CLAIRE MIDDLE ANTHONY VOTTH. J. KING 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 166 SOCIAL SECURITY NO ADDRESS Baltimore 21207 I YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO 217-43-5374 Anthony J. Voith - 1192 St. Agnes La. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) AUTO IMMUNE YEAR DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 2005115 19a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES NO T 21a EXTERNAL CAUSE WAS 21b. TIME OF INILIRY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (ATHOME. 21f. LOCATION AT WORK AT WORLE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE 22a. I certify that Little charge of the remains described above, held an Autopsy Inquiry and in my opinian death resulted from Hamicide Undetermined manner HILE (SPECIFY) PAGE 4 SHOUP
TO FUNERAL D
AFTER DEATH,
BALLIMORE, MA DATE SIGNEDA SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Dr. Edgar P. Williamson 5550 Balto. Nat'l Pike, Balto. 21228 ADDRESS 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (SPECIFY) COUNTY STATE Burial 12-23-1986 Lake View Cemetery Sykesville Carroll 250 DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE L'ETYPERAL MIREC CORRUSSELL C. Witzke Funeral Home P.A. **DHMH - 17** en Horan - maistrata. (VR A15 ME (5)) 1630 Edmondson Ave., Catonsville, MD. 21228 30M 7/73



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	FOR STATE REGISTRAR		DEPARTA		EALTH AND MENTA		NE 8 0	0.	3 4 0	30
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AN 3	£x 07	4. RACE		5. DATE C	OF BIRTH		AGE (IN YEARS LAST BIR	THDAY)	IF UNDER I YEAR	IF UNDER 24 HRS
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noy be poge 3		Anna	Matilda	Wagner	Dec	· 7, 1986 1426
mo)	3. SE	x	4 RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
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0.0	730.	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE
BP	24 5	Burial	Dec. 11,1986	Inc DAY	urch Hampe	stead, Carroll, Md
DHMH - 16 60M 7/84	0	NAME -	Cha Eckhandi	Funeral Chapel		1 , ~ , . , .
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REGISTRAR REG. NO. REASED NAME FIRST MIDDLE LAST MIDDLE LAST REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 7:35 M REG. NO. 20 DATE OF DEATH MONTH DAY YEAR 20 HOUR 8 DATE OF DEATH MONTH DAY YEAR 20 HOURS AND HOURS MIN. 8 DATE OF DEATH MONTH DAY YEAR 20 HOURS AND HOURS MIN. 8 DATE OF DEATH MONTH DAY YEAR 20 HOURS AND HOUR AND HOURS MIN. 9 BALTIMORE CITY OR COUNTY OF DEATH Baltimore County MD. 126 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Engineer 128 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Engineer 129 STREET ADDRESS / ZIP CODE 130 STREET ADDRESS / ZIP CODE 131 MOTHER'S MANDE 132 STREET ADDRESS / ZIP CODE 133 STREET ADDRESS / ZIP CODE 134 STREET ADDRESS / ZIP CODE 135 STREET ADDRESS / ZIP CODE 136 STREET ADDRESS / ZIP CODE 137 Kimrick Place, 21093 14 NOTE: MONTH OF DEATH MODILE 15 MOTHER'S MANDE 16 NOTE: MONTH OF DEATH MODILE 17 KIMPICAL MORE OF DEATH MODILE 18 STREET ADDRESS / ZIP CODE 18 STREET ADDRESS / ZIP CODE 19 STREET ADDRESS / ZIP CODE					STATE	OF MARY	AND		<i>a</i>		- 3		10
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TIMONIUM 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12. STATE ST			119	SA				Baltin	more (Count	V		MD.
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	The second second	1	75.	Som							1/7/	87	

George E. Lowe, M.D. 23a BURIAL, CREMATION, REMOVAL Burial 1/2/87

224 PHYSICIAN'S NAME (TYPE OF PRINT)

234 NAME OF CEMETERY OR CREMATORY Dulaney Valley Cem.

22e ADDRESS

3703 Belair Rd., Balto., Md. 21213 23d LOCATION CITY OR TOWN

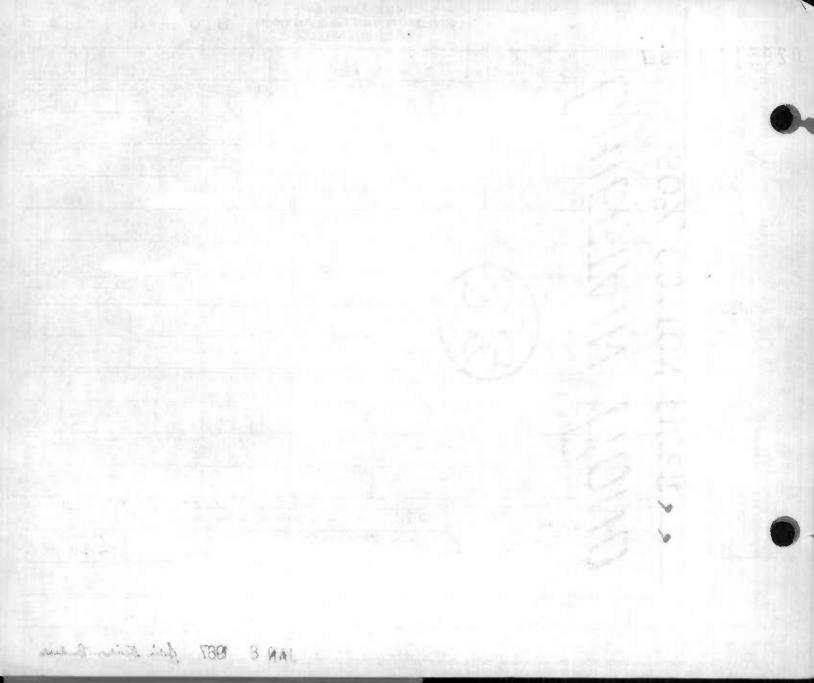
24 FUNERAL DIRECTOR

Timonium 250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

Martin D. Lawson, 10 W. Padonia Rd., 21093

STATE

Md.



	1	1 -	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND EALTH AND MENTAL HY ICATE OF DEATH	GIENE 8 6	3 4) 5 4
0001	2000		CEASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH		
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ge 4 mc	ector. p	3. SE.	Male	(m)	4 RACE Whit	•	S. DATE O	25° 1918°	6. AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEAR MONTHS DAY	AR IF UNDER 24 HRS
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND TO PHYSICIAN. The law requires that the death certificate be executed within 24 to offending physician.	signed by the attending then please remove corbb to burial, cremation, or n njury, or other traumatic.	NO	Conditions, if any gave rise to imicouse (a), statis underlying cause	mediote ng the last.	(b)	Cardiog OR AS A CONSEQ Cardiac OR AS A CONSEQ Clinica ONTRIBUTING TO	Arres UENCE OF 1 Seps	t	MINAL DISEASE OR CON	DITION GIVEN IN PART	lia:
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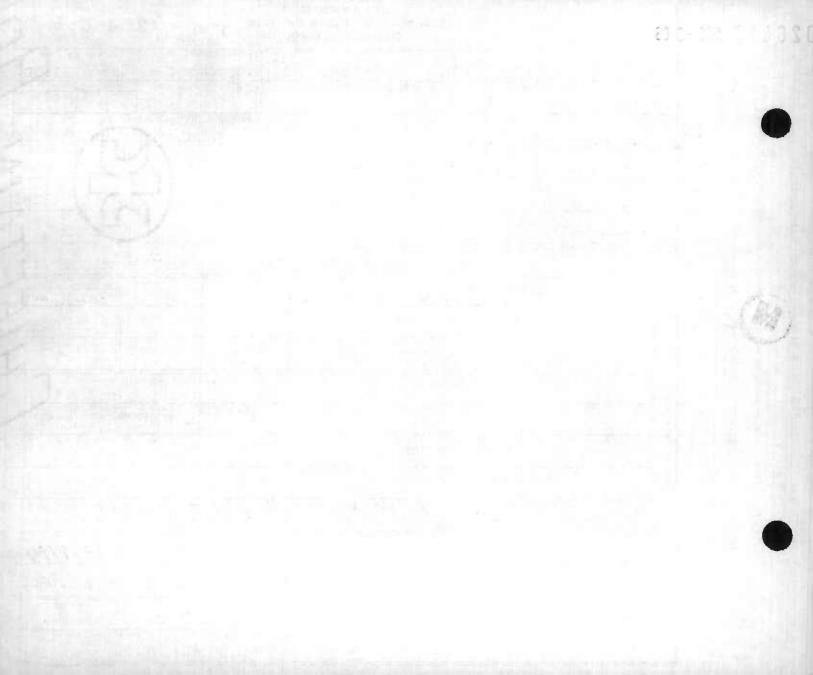
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fil B	MIHPLACE LATE OR FOREIGN	76 CITIZEN OF V	VHAT COUNTR	Y? 8 MARRIE	NEVER MARRIED	9 BALTIMORE CITY	R COUNTY	OF DEATH	
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10 C	TY OR TOWN OF DEATH				ROTHER INSTITUTION			EN INDUSTRY	OF BUSINESS OR
	Baltimore	2501	Light	foot	Drive	Receptio	nist	Traf	fic Court
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14.F/	THER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NA			1.4	S.I.
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ATIO	IR. DATE OF OPERATION	10h CONDI	TION FOR WHI	CH OPERATIO	N WAS PERFORMED	20n AUTOPSY?	20h IF YF	S WERE FIND	NGS LISED
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	() 100	L	1		ATTENDING PHYSICIAN C	MEDICAL STA		12	18/16
1	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	1		22e ADDRESS	DIRECTOR TITIST	CIAI V		11/1
	Dr.	Mac	Donald	£	9 S. High	land Ave.	off	Balto	. St.
23a	BURIAL, CREMATION, REMOVA					23d LOCATION		L'OHATY	STATE
	Burial	12/10	/86 (Garden	s of Faith	Baltin	ore	COUNT	Md.
24 F	Schiminek F	uneral	Home.	Inc.	250 DAT		25h REGIST	TRAR'S SIGNA	TURE
DHMH - 16 60M 7/84 24 FUNERAL DIRECT		Lane,	Balto	. Md.	21213	ट उ १५४५	all at		1
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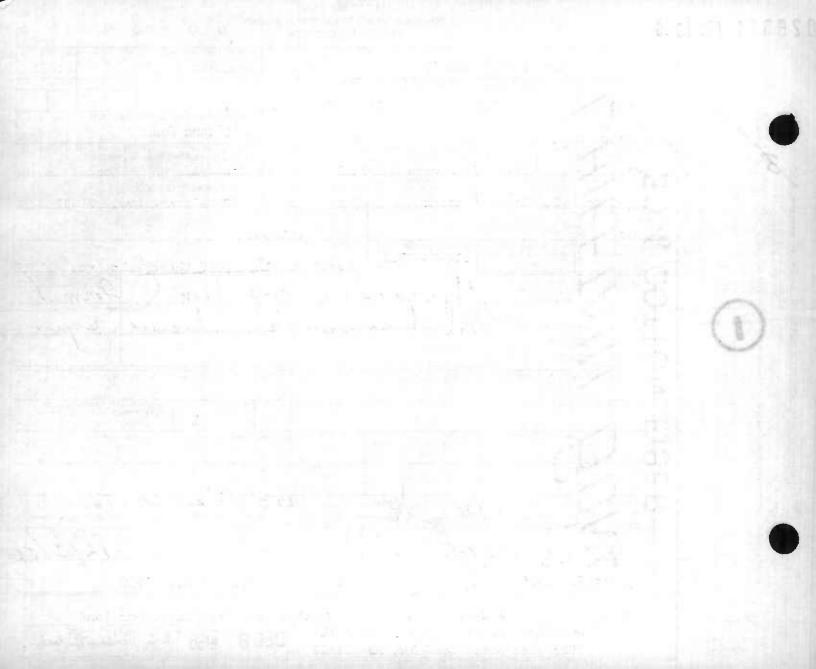


Dundalk, MD

21222

7922 Wise Ave.

(VRA 15, 4)



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EPARTMENT	n	F	HE	AΙ	TH	AND	MEN

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		EASED NAME FIRS	T	MIDDLE	Ĺ	AST	28. DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	1	MA	\E	C.	W	AXMAN	DECEMBER	,	986	11:15 A
	3.583		4. RACE		5. DATE C		6 AGE (IN YEARS LAST E		MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
4		FEMALE	CAUCAS	IAN	SEPT	. 3, 1896 EAR	90	YRS.		
		RTHPLACE (STATE OR FOREIGH	76 CITIZEN OF	WHAT COUNTRY	? 8	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY	OF DEATH	
9		NEW YORK	1	U.S.A	WIDOWE	V	BALTO	COUNT	Y	MD.
0	III CI	PIKESVILLE	(IF NOT IN SU	HOSPITAL, NURS CHEACHITY, GIVE STREE VILLE NU	ET ADDRESS)	OR OTHER INSTITUTION HOME	170. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSEWIF	OF WORKING LIF		OF BUSINESS OR
5	130.5	AL RESIDENCE (IF NURSING ARY LAND	MF OR OTHER INSTITUTION	136 CITY OR TO BALTO	WN	13d. INSIDE CITY LIMITS?	3. STREET ADDRESS 3502 OLY	ZIP CODE MPIA A	VE. 212	215
)	14. FA	HARRIS	MIDDLE	COHEN		UNKNOWN	MIDDLE MIDDLE	U	NKNOWN LAS	51
3	16a V	AS DECEASED EVER IN U.	S. ARMED FORCES?	166 SOCIAL SEC		17 INFORMANT	ADD		TO THE	
4	1	IE NO NKHOWN) (IF Y	ES, GIVE WAR OR DATES)	217-03-	0241	STANLEY M. W.	AXMAN 3502	OLYMP	IA AVE.	21215
		18 CAUSE OF DEATH (Ent PART I. DEATH WAS C.	ter anly ane cause pe AUSED BY: EDIATE CAUSE (0)	Usum	ond (c).)	jular i	Reeder	H	BFTWEEN	DMATE INTERVAL ONSET AND DEATH
1	4	Conditions, if ony, which	th ((b)_	OR AS A CONSEC	UENCE OF	>			1/2	ins
		cause (a), stating the underlying couse los	DUE TO, C	OR AS A CONSEQUE	UENCE OF	hulleter			19/2	ars
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7	CERTIFICATION	190 DATE OF OPERATION	196. CONE	OITION FOR WHIC	H OPERATIO	N WAS PERFORMED	YES NO	IN CERTIF	S, WERE FINDIF YING CAUSES S []	
7	10,022	21g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE ((IF EITHER NOTIFY MEDICAL EXA	OF DEATH HOUR A	YAULAI TO .M. MOM IM.	DAY YEAR	21c. HOW INJURY OCCURR	ED (FNTER NATURE OF IN	JURY IN ITEM 18 P	PART I OR PART ?}	
	MEDICAL	21d. INJURY OCCURRED NOT WHILF AT WORK		OF INJURY IREET, FACTORY, OFFICE	FARM ETC)	211. LOCATION STREET	CHYOR	IOWN	COUNTY	STATE
		22a.1 certify that (I) (the sow the deceased ali	ve an KC		V / a	nd that in (my) (par) apinion of	ta	dote and hou	r ond from the	that (I) (we) lost couses stated
		Fresh Stonagure	C/Mu	Char	1	ATTENDING PHYSICIAN	MEDICAL ST.	AFF ICIAN []	17 /	SIGNED 16/86
		JOSEP /	h C. Mr.	STEHN	PR	3635 QC	& Court	RL		
	23u. B	MIAL, CREMATION, REMO	OVAL 236 DATE	230	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		= I:Ounty =	27475
		BURIAL	12/17	186	BALTO	HERREW CEM	DETCEPE	0000	BALTO	MD

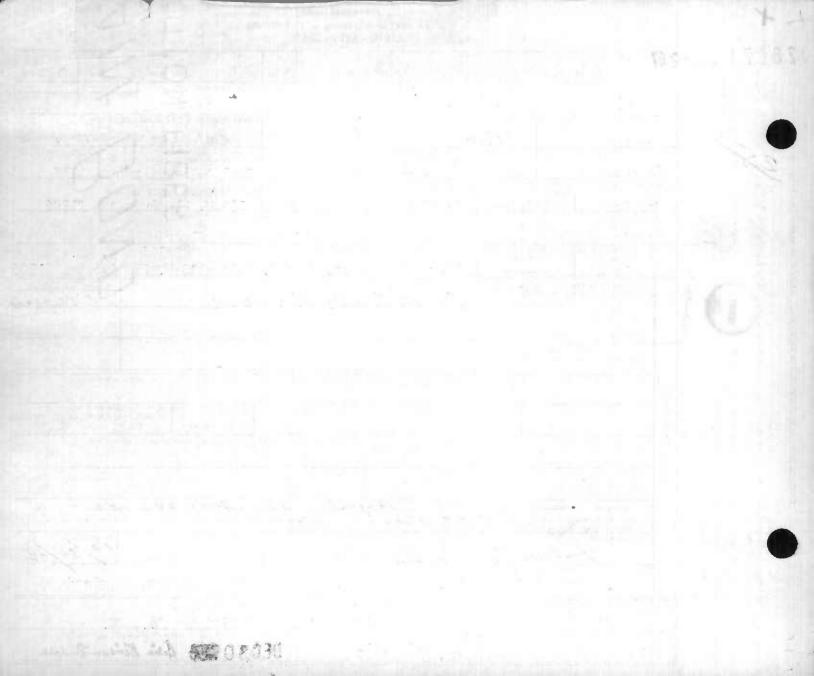
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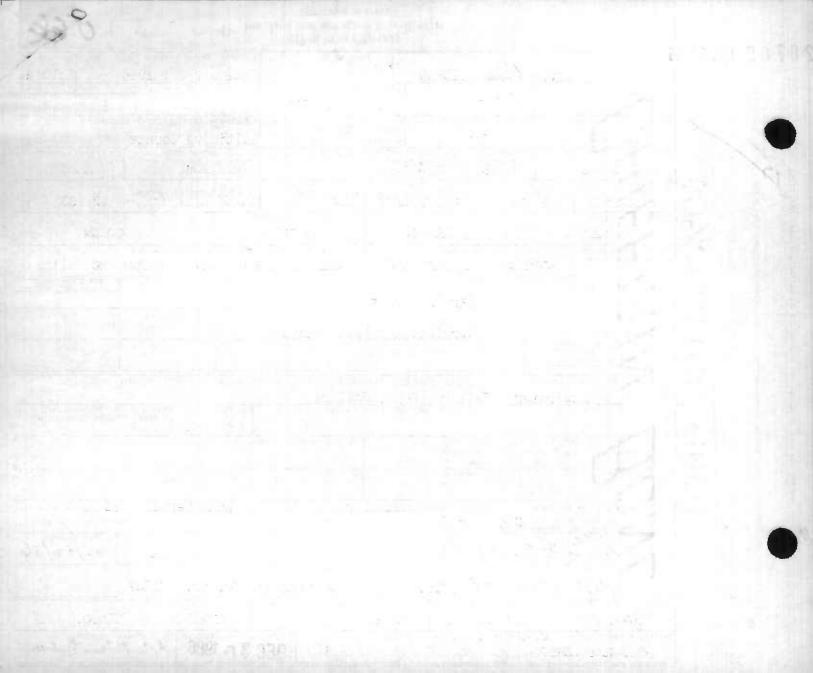
24 FUNERAL DIRECTOR SUL LEVINSON & BROS., INC. 6010 REISTERSTOWN RD. BALTO, MD 21215

and flowering of my

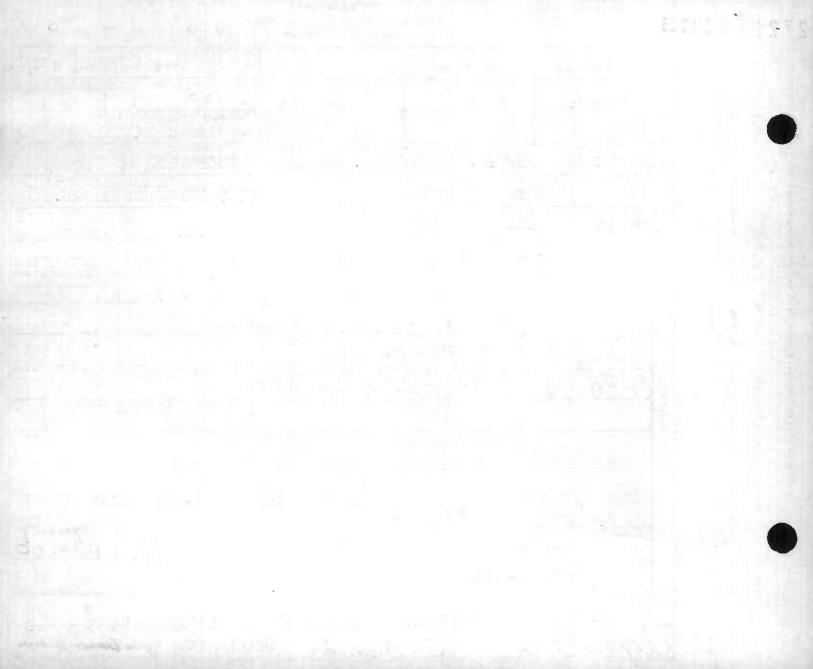
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4	of er		3. SE	11		4 RACE		S. DATE C	OF BIRTH H DAY YEAR	6 AGE (IN YEARS LAST BI	MONTHS	DAYS HOURS MIN.
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BALTIMORE, MARYLAND	料	\$ ()	M	artin Wel	ner	MIDDLE	LAST		Pauline	E] a	or	LAST
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IMO	000	I/	(res, no or unknown)	(IF YES, GI	VE WAR OR DATES)	216-01-9	101	Mrs. Erna K			
IALT	1	4.3		18 CAUSE OF DEAT	H (Enter o	nly one couse per			/	1		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 14	130	13		PART I. DEATH V		ED BY: TE CAUSE (0)	Peri	arle	retir noc	COSA		1 /2 4191
NO	1	of St				DUE TO O	R AS A CONSEQUI	NCE OF				0
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FECO	s be	()	S E	190 DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE	FINDINGS USED CAUSES OF DEATH?
AL R	hysician. icate has ransit per Hygiene	X	RTE	View of the						YES NOT	YES 🗀	NO 🗌
× ×	hysic ficoti frans I Hyg	8		210. ACCIDENT WAS UN	_		OF INJURY .M. MONTH D	AY YEAR	21¢ HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART T OR	PART 2)
0	ding ph is certifi burial-tr Mental	lien	CAL	(IF EITHER, NOTIFY MED	CAL EXAMINE	R) P.	Μ.	19				
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST	er this s the bu	kedor	MEDICAL	21d INJURY OCCUR	RED HILE		OF INJURY REE1, FACTORY, OFFICE, F	ARM, ETC.)	211 LOCATION STREET	CITY OR 10	OWN COL	UNTY STATE
Ö 2	or or se oith	E		22a I certify that (I		atal) ottended th	ne deceased from_	14.0	1985	to Dec.	30 19 8	6, that (1) (we) lost
- A	TOR For u	21 is		saw the decease	ed alive or	ot) view the body	20 19 1	26.0	nd that in (my) (ow) opinion	death accurred on the a	ate and have and fr	rom the couses stated
0	hosp hed ept	E B		22b. SIGNATURE	e diagram	or view the body	offer death.		DEGREE		22:	C DATE SIGNED
	the ALD	<u>+</u>		1	11	luton.	Jaco	2	141 D ATTENDING PHYSICIAN E	MEDICAL STA	FF CIAN [2/30/86
SPIT	d by NER, be d e Sto	X T		228 PHYSICIAN'S N				Chip.	22e ADDRESS	1		1
S	TO FUNERAL I	IMPORTANT		L. My	rton	Gaines	M.D.		7800 Yor	k Road To	wson, Mar	yland
5	5 - 7 - 3	₹ 7		URIAL, CREMATION	REMOVAL	23b. DATE	23c. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION		
	BP			SPECIFY) Crema	tion	12/30	/86	Securi	ity Process, ir	nc Baltimore	CO. MD	TY STATE
DH	HMH - 16 60M	7/84	24 F	UNERAL DIRECTOR	Dippe	1 Funer	al Homes	Inc	25a. DA	TE REC'D. BY REGISTRAF	256 REGISTRAR'S	
	(VRA 15, 4)		7	110 Belain	Road	d Balti	more. MD	2120	n6 DE	L30	Julia Divido	on. Pandall



			FOR			DEF		OF MARYLAND	FAL HVCIPH			1 ~	16	
7.0.0		1-	STATE REGISTRAR			DEF		EALTH AND MENT ICATE OF DEAT		B B B	3	40	60	
709 DEC	31 8		CEASED NAME	FIRST	A.	MIDDLE	l	AST	20	DATE OF DEATH	MONTH DA	Y YEAR	2b. HOUR	
noy be page 3		(iiii	OK PRIMIT	Larry	Allen WEISMAN				D	ecember 2	2, 1986		1:23 am	
ge 4 may		J. SEX MALE			S. DATE OF BIRTH MONTH. 21, 1933					AGE (IN YEARS LAST BI	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.	
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15/3	7		BALTIMORE		11. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR FRANKLIN SQ. HOS		HOSP.	RESS)		170 USUAL OCCUPATION [TYPE OF WORK FOR MOST OF WORKING LIFE] SALESMAN			126. KIND OF BUSINESS OR INDUSTRY FINANCE	
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ires th igned l burial	0	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
request the The	ig A	OI		pirat	ory Fa	ilure	. Renal	ailure			Tana and and			
) BEE	1	CERTIFICATION	190 DATE OF OPERAT	ION	196 COND	ITION FOR V	VHICH OPERATIO	N WAS PERFORMED	- 1 1 1	20a AUTOPSY?	IN CERTIFY!	WERE FINDING CAUSES	OF DEATH?	
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SICIAN: T ng physici certificate urial-transi	9		OR CONTRIBUTING C		HOUR A.	M. MONTI	H DAY YEAR							
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or or see os			220 1 certify that (this hospital) ottended the deceased from December 4 , 186 , to December 22 , 19.86 , that (the (we) last											
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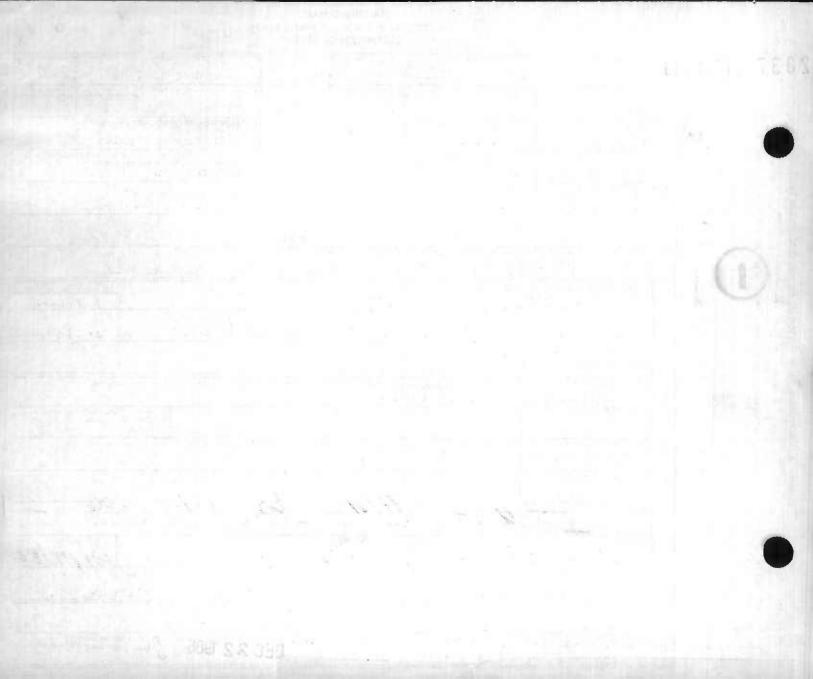


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2 9 5 2 5	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 TO THE TERMINAL DISEASE OR CONDITION GIVEN G	IGS USED
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BP DHMH - 16 60M 7/84 (VRA 15, 4)	230. BURIAL, CREMATION, REMOVAL 236. DATE 236. NAME OF CEMETERY OR CREMATORY 236. LOCATION CITY OR TOWN CITY	STATE MD



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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2125

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL	HYGIENE
CERTIFICATE OF DEATH	

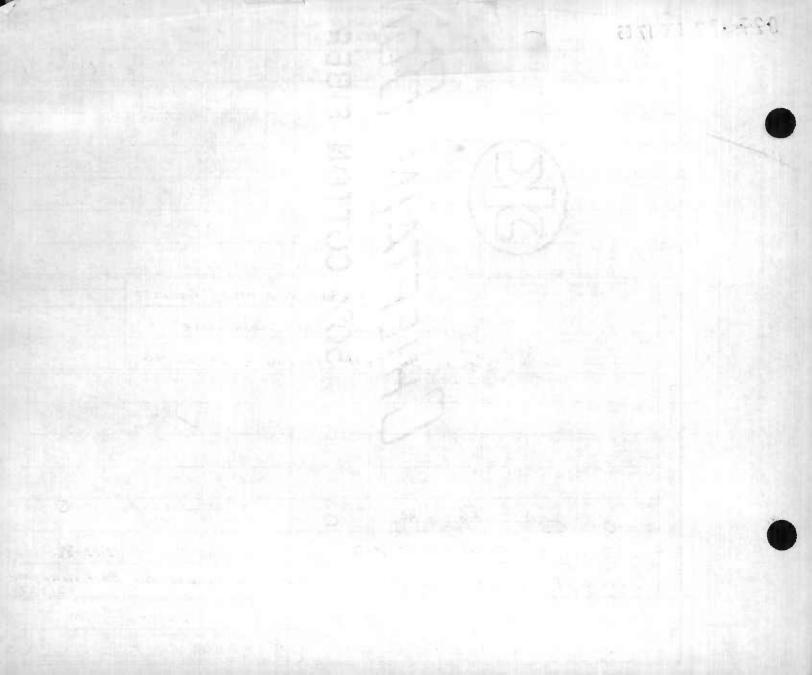
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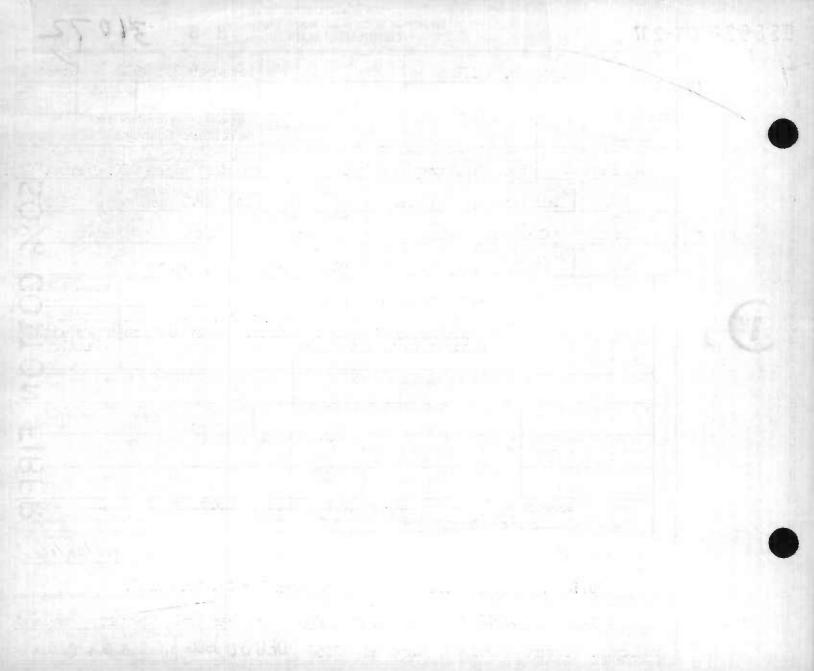
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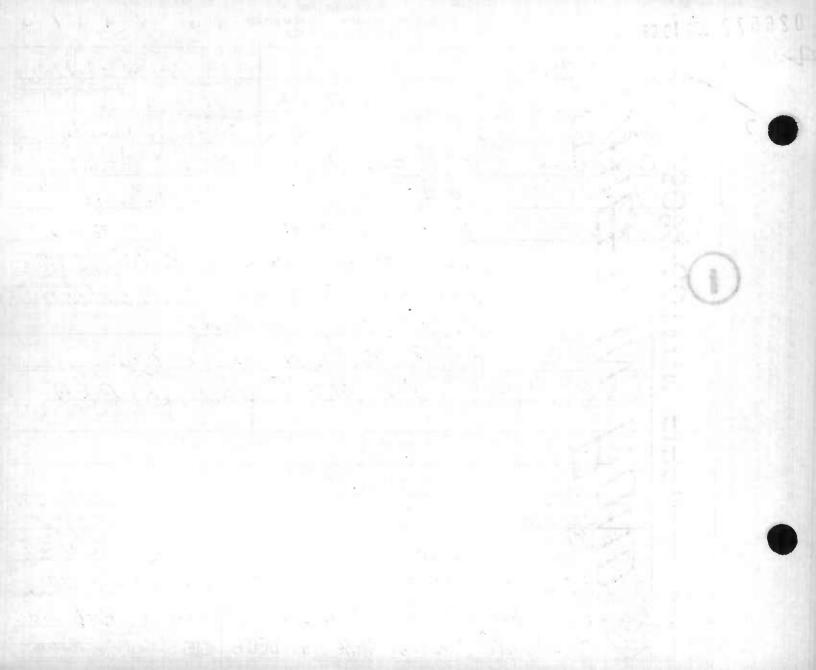
Bradley A. Stewart

DHMH - 16 60M 7/84

(VRA 15, 4)



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AND 1 24	fille	E 25		Maryland	Balt	imore		e River		1551 Chi	lworth Ave	e. 21220
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TTE	for of H	7		sow the deceased above, Ye (we) (did	olive on	Decembe	after death.	986	d that in (M) (our) opinion	death occurred on the de	ate and hour and from	m the couses stated
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5 5	Sh w	2		URIAL, CREMATION, RE.	MOVAL	12/9/			EMETERY OR CREMATORY	23d LOCATION		
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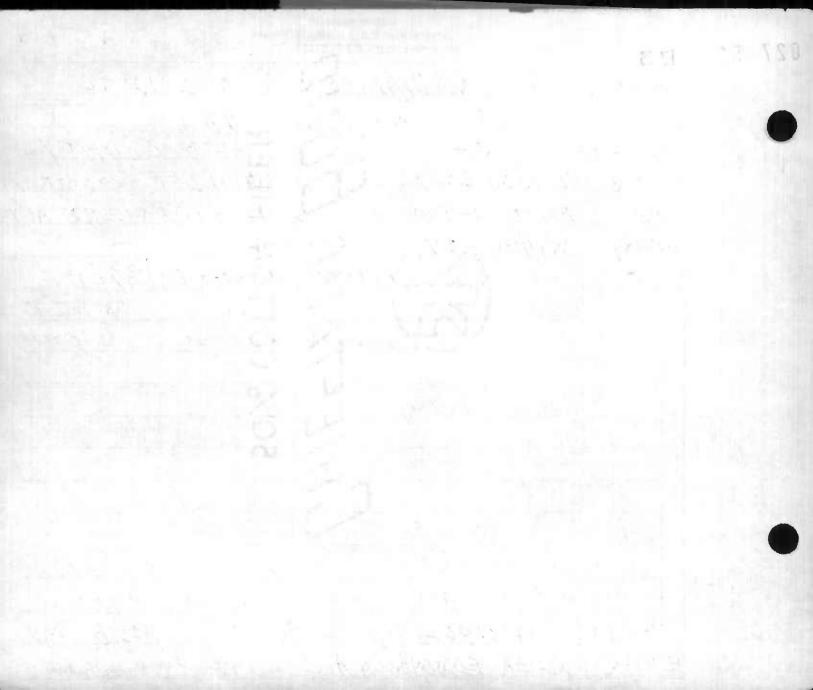
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3 S	FX / // // //	14 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
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5	COUNTRY) Y 1 1 LIV 17	1/ 5 4	MARRIED NEVER MARRIED	BAITE	1 Carried V
10 0	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL NURSIN	WIDOWED DIVORCED DIVORCED	120 USUAL OCCUPATION	THE KIND OF BUSINESS OF
00	ATMNOWILL	(IF NOT IN SUCH FACILITY, GIVE STREET	ADDRESS) TE AL	TYPE OF WORK FOR MOST OF WOR	
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160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SECU	JRITY NO. 17 INFORMANT	ADDRESS	112016
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V =	LIL CAUSE OF DEATH (Foto) of	nly ane cause per line far (a), (b), an	die d	MINISTY FA	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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10	IMMEDIA	er casse is,	ENCE OF	1	1
	Canditions, if any, which	DUE TO, OR AS A CONSTOU	owsclaste 19	lend picose	6 Glass
	gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSEQUE	ENCE OF		0
	underlying cause last.	(c)	ENCE OF		
			DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITIO	N GIVEN IN PART To
o N	Mu	4 A Mella	25		
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	20g AUTOPSY? 20b.	IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH?
1 E				YES NO	YES NO
11 11 11	00.00-1000111010	216. TIME OF INJURY HOUR A.M. MONTH D.	AY YEAR 216 HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN IT	EM 18 PART 1 OR PART 2)
N S	(IF EITHER NOTIFY MEDICAL EXAMINE	P.M.	19		
MEDICAL	21d. INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE, I	211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	AT WORK		1/200	17/12	N/
	220.1 certify that (1) (this hasp	ital) attended the deceased fram	6 10 10 196	0,10	. 1900 , that (I) (we) las
	obore, (I) (we) (did) (did no	Hody after death.		n death accurred on the date ar	id hour and fram the causes stated
	276 SICPATURE	Millo, 110	DEGREE ATTENDING	MEDICAL STAFF	22c DATE SIGNED
-	224 PHYSICIAN'S NAME	O DO	PHYSICIAN 122e ADDRESS	DIRECTOR PHYSICIAN	12/14/80
	Man	MILLER MY		a lossof de	1 1+ 1000 210 - D
275	BUIDIAL CREMATION OF		1101661	reglessed Au.	Bult mn 21228
230	BURIAL, CREMATION, REMOVAL	23b DATE 23c !	NAME OF CEMETERY OF CREMA LINY	23d LOCATION CITY OR TOWN	TO ACOUNTY NIME
	L1 (1) 11 1	1107/19 / 1 to look	/\/\/T1176		1147.11

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR 6

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Naridson Pandale



ADDRESS 1050 York Road

Ruck Towson Funeral Home, Inc. Towson, Md. 21204

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/84

(VRA 15, 4)

250. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

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			DEC	EASED NAME FIRST	WIDDLE		TAST	REG. NO. 20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
,	pe pe	6	Line	Sara	h WIMMER			December 4, 198	9:25a _M
	4 moy	7	Leex		4 RACE .: White	5. DATE (DF BIRTH B DAY 1900	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR FUNDER 24 HRS MONTHS DAYS HOURS MIN.
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10	s ofter o	7	,	Rossville	11. NAME OF HOSPITAL, N LIF NOT INSUCHEACILITY GIVE Franklin Sq	URSING HOME (STREET ADDRESS) UATE HOS	or other institution spital	120 USUAL OCCUPATION LITYPE OF WORK FOR MOST OF WORKING LI Ret—Personnel	IZE. KIND OF BUSINESS OR INDUSTRY US Government
AND 21201	24 hou	33	130. 5	130 000			134 INSIDE CITY LIMITS?	130.STREET ADDRESS / ZIP CODE 3519 Edwards L	
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, PRESTON	the decreement			Conditions, if any, which gave rise to immediate cause (a), stating the	(b) Lett 10		pneumonia		S C MC C C C C C C C C C C C C C C C C C
	d by lease ial, cr			underlying couse lost	(c) Coma,	hyperca			
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DIVISION OF VITAL RECORDS, 201 W.	an. has been to permit. ene prior	1	CERTIFICATION	19a DATE OF OPERATION	196 CONDITION FOR W	VHICH OPERATIO	ON WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES
OF VITA	SICIAN: Ting physici certificate prial-transitiental Hygi	9		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	HOUR A.M. MONTH	H DAY YEAR		RED (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
VISION	G PHYSI er this ce s the burn and Mer		MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, C		211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
۵	NDIN I or or Use of		2	220.1 certify that X (this hasp	ital) attended the deceased			. to December 4,	
	ATTE Dspito ECTO d for t of t			saw the deceased alive or obove, N (we) (did) (did)	December 4	_19_86, 0	nd that in (our) opinion	death occurred on the date and how	ur and from the causes stated
	the harter the harter the harter the harter the Dept. If the			220 SIGNATURE	aw bu	5.6	ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	12/4/86
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	O HOSPITA etained by TO FUNERA should be di with the Sta			SAN	1000	5	9000 Frankli	in Square Drive B	Balto., 21237
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Frederick Road

MacNabb Funeral Home, Catonsville, MD

21228

STATE OF MARYLAND

NO [

STATE

DHMH - 16 60M 7/84 (VRA 15, 4)

24 FUNERAL DIRECTOR

RESERVE THE THE PROPERTY OF TH 026954

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	DEC NO				

		FOR STATE DEGISTRAR			DEPART	Commence and an	EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 6	3	40	8 J
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	3. SE)	X		4 RACE		5. DATE C		6 AGE (IN YEARS LAST BIRT	HDAY) IF U		F UNDER 24 HRS
(Male	750	White		Sept	. 6, 1916 FAR	70	YRS	HS DAYS P	HOURS MIN.
K		RTHPLACE (STATE OR FOR	REIGN 7	76 CITIZEN O	F WHAT COUNTRY	8	D NEVER MARRIED	9 BALTIMORE CITY O		DEATH	
V	We	eston, W.Va		US	iA Ai	WIDOWE		Baltin	more Co	unty	MD.
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1	130. S	AL RESIDENCE (IF NURSING LATE Maryland	Sh COLINI	OTHER INSTITUTION TY	IS CITY OF TOV		13d INSIDE CITY LIMITS?	13e STREET ADDRESS	ZIP CODE R	d. 2	1220
C	14 FA	THER'S NAME FIRST Charle		d. Wise	LAST		15. MOTHER'S MAIDEN NA/	ouella MIDDLE	?	LAST	
	160 V	VAS DECEASED EVER IN	U.S. ARA	MED FORCES	166 SOCIAL SEC	URITY NO.	17 INFORMANT	ADD	743 Gle	n Elyn	Way
	7	(S NO OR UNKNOWN)	WWI	WAR OR DATES)	236 12 6	5758	Charles G. W.	ise, lll B	aldwin,	Md. 21	.013
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		gave rise to imme	diate	DUF TO	OR AS A CONSEQU	IENCE OF	0010				
		underlying couse	lost.	(c)_		(COPD				
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9	CERTIFICAT	190 DATE OF OPERATION	NO	196 CON	DITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	G CAUSES O	
9		210. ACCIDENT WAS UNDER OR CONTRIBUTING CAI (IF EITHER NOTIFY MEDICA	USE OF DEAT	TH HOUR	OF INJURY A.M. MONTH D P.M.	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJUL	Y IN ITEM 18 PART I	OR PART 2)	
4	MEDICAL	21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK			E OF INJURY STREET, FACTORY, OFFICE,	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE
	4	220.1 certify that (I) (t	his haspiti)-19,1951	, to 12-9	, 19.4	6 , the	ot (I) (we) l ost
		sow the deceased above, (1) (we) (dec	alive an_) view the bas	0 - 9 19	86, or	nd that in (my) (our) o pinion o	death occurred on the do	ite and hour an	d Irom the ca	uses stated
		22b. SIGNIATURE	the	ela	mo		DEGREE ATTENDING PHYSICIAN D	MEDICAL STAF DIRECTOR PHYSIC	F IAN []	220 DATE SI	GNED 10-86
1		JB L	AE (TYPE OR	LET	01		1012 De	Q Northon	IRD		
	23a B	SURIAL, CREMATION, RE	MOVAL	236 DATE 12/1			EMETERY OR CREMATORY terans Cemeter	23d LOCATION Ty Garrison	Fores	Md.	STATE

ruzdzinski Funeral Kome PA 1407 Old Eastern Ava C

250 DATE REC D. BY REGISTRA

DHMH - 16 60M 7/84 (VRA 15, 4)

BP.

Charles C. wise, dr.

December 5, 1986

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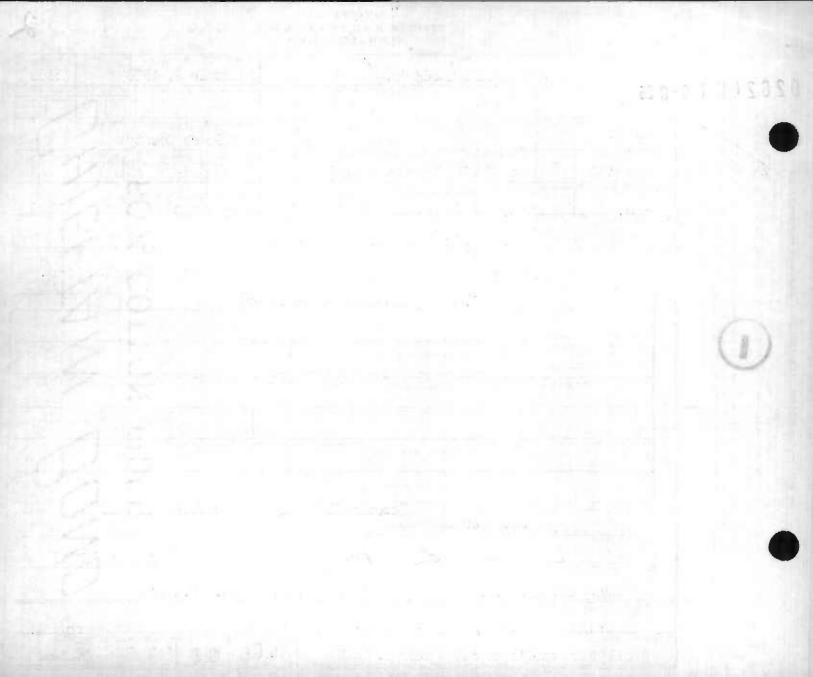
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s offer d	10. CI	TOWSON	DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INS GBMC-6701 N. CHARLES ST.				12a. U (TYRE HC	12b. KIND O INDUSTRY	F BUSINESS OR				
BAITIMORE, MARYLAND 21201 The executed within 24 hours of the party of the property of the pr	130 S	AL RESIDENCE (# TATE MARYLAND	M COUN	OTHER INSTITUTION	136. CITY OR BALTI	TOWN	13d. INSIDE CITY LIMITS		TREET ADDRESS / 32 W. UNI	ZIP CODE VERSI	TY PKWY	21210		
MARYL,	14 FA	LLOYD L.	BEATTY	MIDDLE	LAST		15. MOTHER'S MAIDEN		AMBERS		LAST	1		
n and co	160 V	VAS DECEASED ET VES NO OR UNKNOWN NO	VER IN U.S. AR	MED FORCES? E WAR OR DATES)	166 SOCIAL S 216-09	-5363A	M. LEE WIN	KEL	SAME	SS				
ON ST., BALL THE CONTROLL THE C		PART I. DEAT		E CAUSE (o)	r line for (a), (b)	ue	moca	rdi	al u	Jone	BETWEEN	MATE INTERVAI ONSET AND DEATH		
1 W. PREST has the dea by 195 often of cemalifier		Canditions, if ony, which gove rise to immediate couse (a), stating the underlying cause last. (b) DUE TO, OR AS A CONSEQUENCE OF												
RDS, 20 RDS, 20 Then pil 10 buri	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CO									N IN PART 110	1		
Al RECO	CERTIFICATION	190 DATE OF OPI	ERATION	19b. COND	ITION FOR WI	HICH OPERATIO	N WAS PERFORMED	20c	S NO NO	20b. IF YES, IN CERTIFY YES	WERE FINDING CAUSES	OF DEATH?		
SECULN. T		210. ACCIDENT WAS OR CONTRIBUTING (IF EITHER NOTIFY	CAUSE OF DEA	HOUR A	.M. MONTH .M.	DAY YEAR	21c HOW INJURY OC	CURRED (ENTER NATURE OF INJUR	Y IN ITEM IB PA	RTT OR PART 2)			
DIVISION NG PHY Wher this on the builth and M anked or	MEDICAL	21d, INJURY OCC	URRED	21e PLACE	OF INJURY REET, FACTORY, OF	21.40	211 LOCATION STREET		CITY OR TOV	VΝ	COUNTY	STATE		
CTOR, A fire one of Health		220.1 certify that saw the decabave, (1) (w		tal) attended 1 12/11		11/20 19 <u>86</u> , ar	t , 19 8 d that in (my) (our) opin	-, '	occurred on the da	te and haur		that (I) (we) last causes stated		
AL OR A the has detached ate Dept		22b. SIGNATURE	131	u d	Yran	mo	DEGREE ATTENDIN PHYSICIAI	IG MEI	DICAL STAF	F IAN 🗗	22c. DATE	Z/86		
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BP	(URIAL, CREMATION SPECIFY) BURIAL		DEC. 5		23c. NAME OF C		В	ALTIMORE,			RYLAND		
DHMH - 16 60M 7/B4 (VRA 15, 4)		INERAL DIRECTO		D HOME,	INC.	6500 SALTO. M	UKK RD. I	DEC	1 1 1986	PSb. REGISTR	PAR'S SIGNATI	Randale.		

STATE OF MARYLAND

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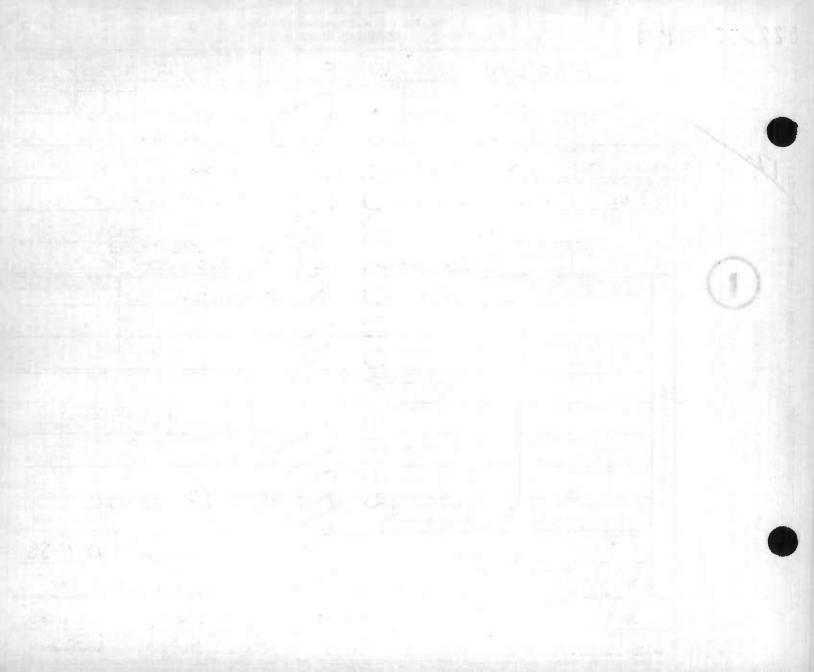
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Julia Davidson- Kandall

DHMH - 16 60M 7/B4

(VRA 15, 4)

6010 REISTERSTOWN RD.





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AND 124	1	MARYLAND		BALTIM		YES 📉 NO	590	l Glenk	irk Rd.	Baltimore,
RYL virth	14. F	ATHER'S NAME	MIDDLE	IAST		15 MOTHER'S MAIDE	NNAME	MIDDLE		LAST
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IIWO		No.		217-20	-2370	Gerald Wyc	he 590			Baltimore.
BALI		18 CAUSE OF DEATH	(Enter only one couse p	er line for (a), (b),	and (c).1		1 - 100			BETWEEN ONSET AND DEATH
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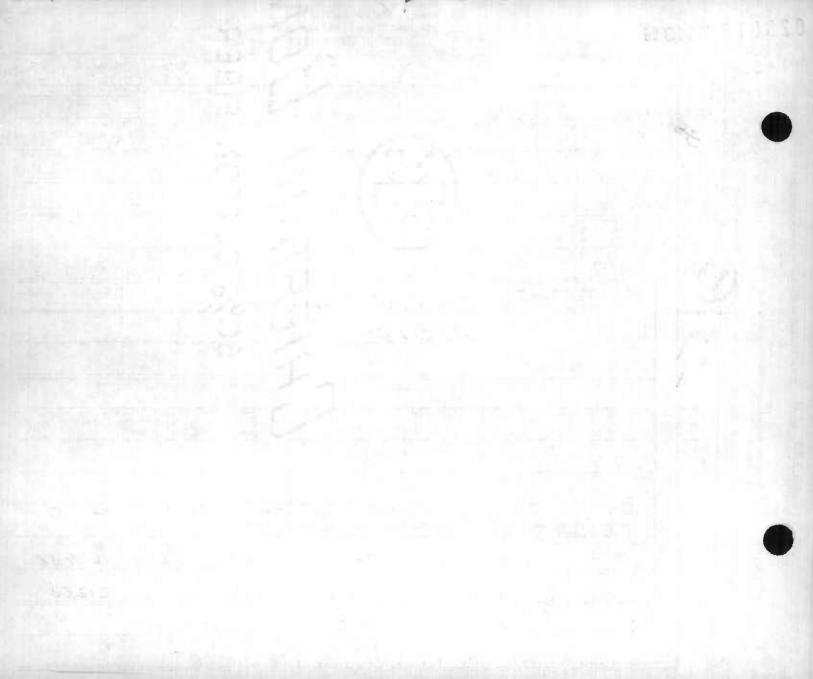
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ALTONIA A SUMB YOM HAND HIME, INC. 2501 GRYWAS YAMLE PRAY. BALTINGE, FD. 21216

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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 NG PHYSICIAN: The law requires that the death certificate be executed within 24 hours	ple	y, or	35	PART 2 OTHER SIGNIFI	CANTCO	NDITIONS CO	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVEN	IN PART 110	
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ATTE	Spito CTO I for	121		sow the deceased a above (1) (we) (did)	(fid nat)	new the body	ofter death.	86.01	nd that in (my) (our) opinion	death accurred on the do	te and hour o	nd from the cou	ses stoted
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1	ē ⊢ 20 %	7	23a B	URIAL, CREMATION, REA	MOVAL	23h DATE			EMETERY OR CREMATORY	23d LOCATION		COUNTY	STATE
1	3P	1	E	Burial		Dec. 1	19, 86 P	arkwo	od Cemetery	Baltimore			MD
DHA	MH - 16 60M	7/84	24 FL	INERAL DIRECTOR			ADDRESS	21	229 25a. DAT	TE REC'D. BY REGISTRAR	B 1 44		
	(VRA 15, 4)		Hu	ibbard Funer	al Ho	ome, Ir		Wilke	ns Ave. DF	C 1 0 1986	1.00 P.	ida 4.	1.00



FOR

- STATE

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

250. DATE REC'D. BY REGISTRAR 256. REGISTRAR'S SIGNATURE

CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME 20 DATE OF DEATH MONTH 2h HOUR TYPE OR PRINT LAURA DOROTHY YEAGER December 16, 1986 4 A. 4 RACE 5. DATE OF BIRTH 6. AGE IN YEARS LAST BIRTHDAY 3. SEX June 7, 1901 FAR Female White TO BIRTHPLACE ISTATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED New York IISA Baltimore County WIDOWED DIVORCED [11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION I CITY OR TOWN OF DEATH 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) Timonium 29 North Wood Drive Homemaker USUAL RESIDENCE (IF NURSING HOME OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION Baltimore 3a. STATE Timonium 13. STREET ADDRESS / ZIP CODE 29 North Wood Drive 21093 13d. INSIDE CITY LIMITS? Maryland 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME LAST William W. Bishop Laura Lambden 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS (YES, NO OR NYKHOWN) (IF YES, GIVE WAR OR DATES) Mrs. Ethel S. Payne same as # 13 220-09-3818 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and ; PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a). DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIG CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOK 710 ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART | OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION STREET CITY OR TOWN COUNTY AT HOME, STREET, FACTORY OFFICE FARM, ETC 1. WHILE NOT WHILE 22a.1 certify that (1) (this haspital) attended the deceased from saw the deceased alive on _, and that in (my) (aur) apinian death accurred on the date and haur and from the causes stated sbove, (I) (we) (did) (did not 22b. SIGNATURE DEGREE 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 12/17/86 22d PHYSICIAN'S NAME (TYPE OF PRINT) 22e ADDRESS James C. Ricely, M.D. 7801 York Road Suite 300 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION STATE Cremation 12/17/86 Westview Crematory Baltimore Maryland

DHMH - 16 60M 7/B4 (VRA 15, 4)

24 FUNERAL DIRECTOR

Ruck Towson Funeral Home, Inc. 1050 York Road

BP

county water ask sign to so the property from the county water ask sign to 101 Table 2010 F. J. T. 10 101 Land U.

STATE OF MARYLAND

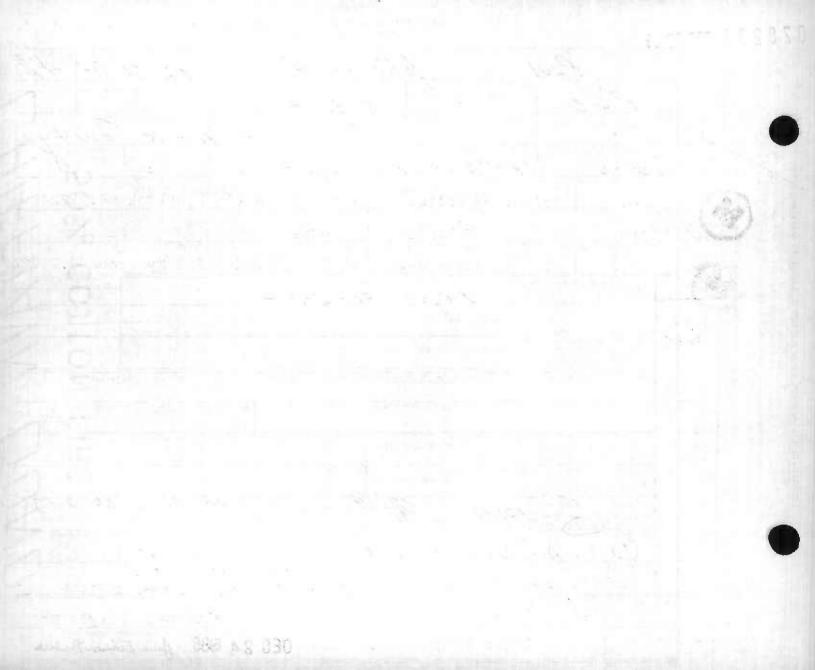
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2	7a. B1	Pa.	FOREIGN.	USA		MARRIEI WIDOWE		7. B	BOLL OF	COUNTY	F DEATH	est un
0	10. CI	TY OF TOWN OF DE	ATH				OR OTHER INSTITUTION		USUAL OCCUPATION OF OF WORK FOR MOST OF WORK FOR MOST OF	WORKING LIFE)	12b. KIND C INDUSTRY	OF BUSINESS OR
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Ď.		VAS DECEASED EVER		AED FORCES?	166 SOCIAL	SECURITY NO.	17. INFORMANT		ADDRE	SS		
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		PART I. DEATH V		y ane cause per BY: CAUSE (a)	line for tot, I	bi, and (ci.)	Beci dope	1			BETWEEN	MATE INTERVAL ONSET AND DEATH
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_	ERTI	21a. ACCIDENT WAS UN	DEBLYING D	21b. TIME O	E INTITION		21c HOW INJURY OCC		YES NO	YES		NO 🗆
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3		saw the decomposition above, (I) (we) (did (did nat	view the bady	after death.		DEGREE	· dir dedi	occorred diff the da	ie dila ridar d	22c. DATE	
		Carl	2 Si	alex	and	les, k	O ATTENDING PHYSICIAN	G M	NEDICAL STAF	AND		
	4	22d PHYSICIAN'S N		kander,	M.D.				Maris Hos	aller .	vm 212	10.4
	23o B	BURIAL, CREMATION,		23b. DATE		23c NAME OF C	Dulaney Va		23d. LOCATION	vson, I	VID 212	04
	1	SPECIFY) Buria		12/24/	/86		nCemetery		Baltim	ore .	Maryl	and
	24 EI	INIEDAL DIDECTOR					25 - 1	DATE DE	C'D BY DECIETDADE	IL DECICEDA	DIE CHONIAT	LIDE

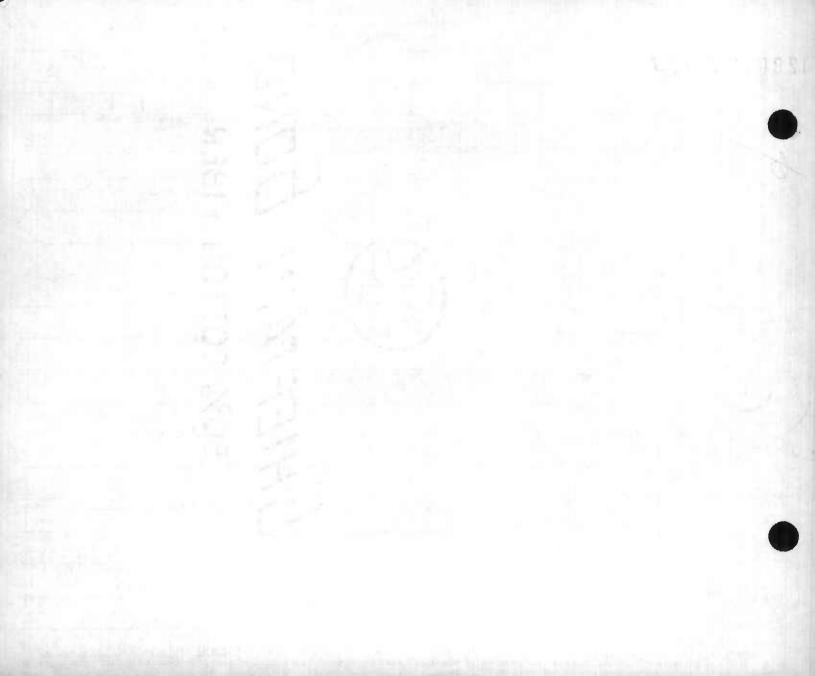
DHMH - 16 60M 7/14 (VRA 15, 4)

ConmellyFuneralHome 300MaceAve. 21221

Aulia Devider Rudale DEC 24 1986



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	1.	FOR STATE REGISTRAR		DEPAI		ICATE OF	MENTAL HYG DEATH	IENE & G	5	4 0	3 /
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may po	3 SE	(4 RACE		S. DATE C			6. AGE (IN YEARS LAST B	RTHOAY	UNDER I YEAR	IF UNDER 24 HRS
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Pog Hou	₹ã B	RTHPLACE (STATE OR FOREK	GN 75 CITIZEN	OF WHAT COUNTE	RY? 8	D NEVER	MARRIED -	9. BALTIMORE CITY		F DEATH	
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ge 4 mo) ector, po	3 SE	emale	4 RACE Caucasian	5. DATE O	S 1908 YEAR	6. A. E. (IN YEARS LAST BIRTHDAY) IF UND	ERTYEAR IF UNDER 24 HRS DAYS HOURS MIN.
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AL RECORDS, The low required to the signer of the signer o	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR V			200 AUTOPSY? 20b. IF YES, WER	E FINDINGS USED CAUSES OF DEATH?
SION OF VITA PHYSICIAN: The ending physicic this certificate the buriol-fronsit and Mental Hygur don't fem 18 she	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 O	R PART 2)
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TTEN priol priol priol for u		sow the deceased alive or above, (1) (we) (did) (did no	ot) view the body after death.	19 50,00	nd that in (my) (our) opinion	deoth occurred on the date and hour and	from the couses stated
OR ATTOOR	В	226. SIGNATURE			DEGREE		2c. DATE SIGNED
AL AL THE IT. H			shor mo			MEDICAL STAFF DIRECTOR PHYSICIAN	12/2/86
HOSPITAL med by the FUNERAL UID be detailed to the Stote ORTANT:		22d PHYSICIAN'S NAME (TYPE	A. SHAH		22e. ADDRESS 1070	56 Reisterma P	-0
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BP	-	URIAL, CREMATION, REMOVAL	12/4/86	Lake V	EMETERY OR CREMATORY IEW Mem. Par 1	T STILLS ON	rol Maryland
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2 F 4	-	no	218-	18-5883	John C. Z	eiler, Jr.	652 Alder	
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of c		underlying cause last.	[je]	Schemic	Chedwayo	outhe		· yerr
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Oak Lawn

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Dundalk, MD

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7922 Wise Ave.

Duda-Ruck Funeral Home of Dundalk

Burial

24 FUNERAL DIRECTOR

DHMH - 16 60M 7/B4

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

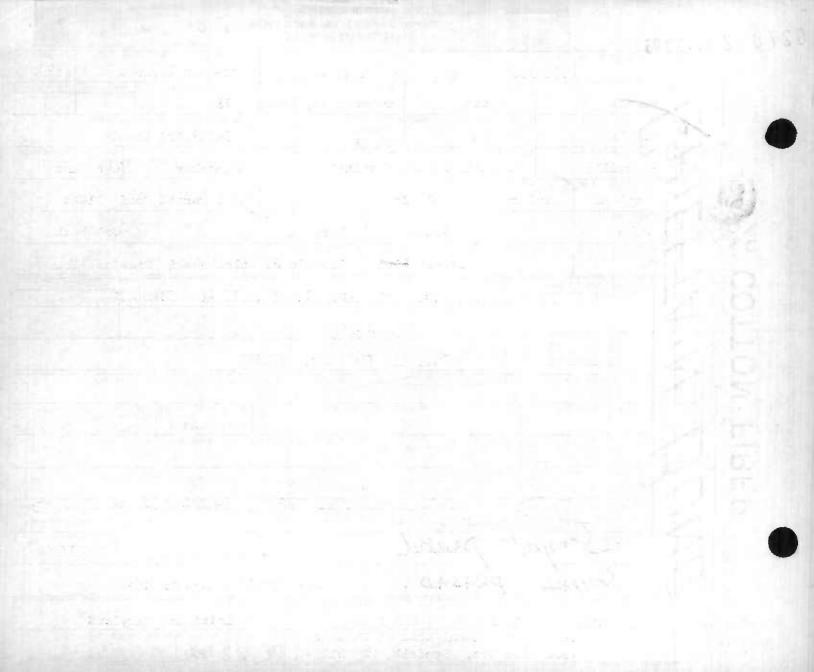
Baltimore Maryland

25a DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

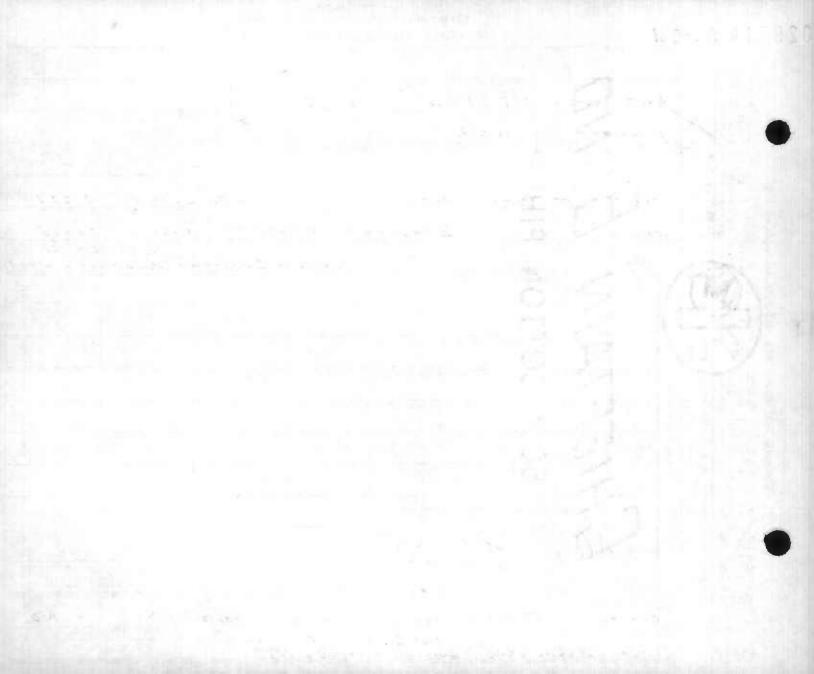
ilm G 622, Item 16b, 12/29/86 r.ja

- STATE

O REGISTRAR



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH UREGISTRAR REG. NO . DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) OF ESTI-S NECESSARY, PLEASE FUNERAL DIRECTOR. FOR YOUR FILES. WITHIN 72 HOURS DEATH MATED ANDREW J. ZIMMERMANN 24 19 86 6. AGE IN YEARS 4. RACE S. DATE OF BIRTH IF UNDER 1 YR. IF UNDER 24 HRS 2d HOUR DATE YEAR LAST BIRTHDAY PRONOUNCED 7:30 AM WHITE OCT. 27 1986 MALE DEAD 24 19 86 YRS To BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) U. S. A. MARYLAND WIDOWED DIVORCED Baltimore County ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120 USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS FOR MOST OF WORKING LIFE) (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Arbutus 107/ Elm Rd. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13a STATE 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 113e STREET ADDRESS MARYLAND BALTIMORE ARBUTUS YES [NO [1071 ELM RD. 21227 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE FIRST LAST LAST MARGARET ANDREW ZIMMERMANN MARY SLADE 160 WAS DECEASED EVER IN U.S. ARMED FORCES 17. INFORMANT 166. SOCIAL SECURITY NO. (YES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) NO BRUCE A ZIMMERMAN ARBUTUS IND ZIZZ 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL W. PRESTON ST., BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Sudden Infant Death Syndrome IMMEDIATE CAUSE (a)____ DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IO USED AS A B CERTIFICATION AFR: THIS CER.,
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F FORWARDED TO THE Ch.,
R. PACE 3 SHOULD BE USED A.,
ATE DEPARTMENT OF HEA!
"ATE OPPARTMENT OF HEA!"
OPPORT TO BURIAL, C. 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES & NO | 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (ATHOME. 216 INJURY OCCURRED 211 LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE L DIRECTOR: FI H, WITH THE SI MARYLAND, 220 I certify that I took charge of the remains described bave, held on Autopsy Inspection and in my opinion Natural causes Undetermined manner GE 4 SHOULD FUNERAL DIRECTER DEATH, WIT TITLE (SPECIFY) Assistant 12 - 24 - 86PAGE 4 S TO FUNE AFTER DE BALLIMOI EXAMINER'S NAME Dennis F. Smyth/ M.D. 111 Penn St., Balto., MD 21201 TYPE OR PRINT 230 BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE BURIAL 27 DEC 86 NEW CATHEDRAL BALTIMERG MD 07 84 BP 25M 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE BOX 268 **DHMH - 17** (VR A15 ME (51) NEEAL HOM ELLICOIT CITY MD

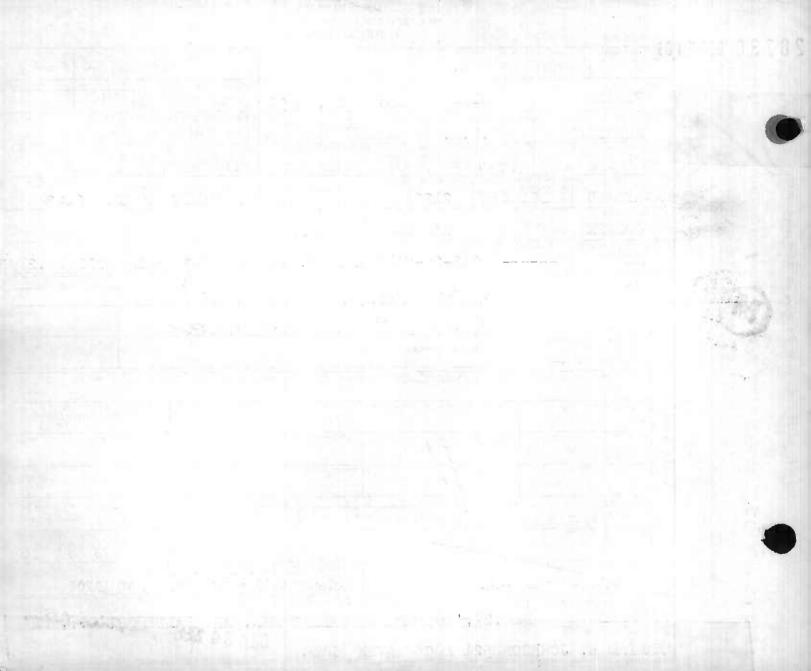


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		13	SPECIFY)	TION, REMOVAL		23c. NAME OF CE			CITY OR TOWN		COUNT		Md.
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO 26 HOUR LI DECEASED NAME 5.50 ORRAINE 2110 4. RACE 5. DATE OF BIRTH A AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR WHITE FEMALE BALTIMORE CITY OR COUNTY OF DEATH To. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? MARRIED X NEVER MARRIED MARYLAND COUNTY RALTIMORK U.S.A. WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) WORK FOR MOST OF WORKING LIFE) IDWSON HOSPICE HOUSEWIFE HOME USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) BALTIMORE 13. STREET ADDRESS / ZIP CODE 118 HALSTEAD F 13d. INSIDE CITY LIMITS? 21234 JOSEPH DELLA ROSEN RANZINO 166 SOCIAL SECURITY NO 17. INFORMANT -26 - 7148ROSE M. FRANZ 10603 ANGLO HILL RD.2103 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 DIVISION OF VIT AL RECORDS CERTIFICATION 20b. IF YES, WERE FINDINGS USED 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 190 DATE OF OPERATION 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 71m ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 216. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 19 211 LOCATION 214 INJURY OCCURRED 21e PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, EACTORY, OFFICE FARM, ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from 19 and that in (my (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED MEDICAL ATTENDING STAFF should be deta PHYSICIAN DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME THE OF PRINT 11e. ADDRESS Stella Maris Hospice Eddie Nakhuda, M.D. Dulaney Valley Rd.-Towson, MD 21204 230 BURIAL, CREMATION, REMOVAL 23b. DATE 23¢ NAME OF CEMETERY OR CREMATORY BURIAL DULANEY VALLEY MEM. GAR 24 FUNERAL DIRECTOR DHMH - 16 60M 7/84 JOHNSON8521 LOCH RAVEN ' (VRA 15, 4)

STATE OF MARYLAND



FOR

STATE

3. SEX

130 STATE

CERTIFICAT

MEDICAL

NOT WHILE

Md.

REGISTRAR

Female

To BIRTHPLACE (STATE OF FOREIGN

Pennsylvania

ID CITY OR TOWN OF DEATH

Rossville

Julia

136 COUNTY

Baltimore

ZUBY

White

76. CITIZEN OF WHAT COUNTRY?

4. RACE

USA

DECEASED NAME (TYPE OR PRINT)

STATE OF MARYLAND CERTIFICATE OF DEATH

February 15,

MARRIED NEVER MARRIED

13d INSIDE CITY LIMI

DIVORCED

NOOD

5. DATE OF BIRTH

MONTH

WIDOWED

11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION

ranklin Square hospital

13c. CITY OR TOWN

Essex

DEPARTMENT OF HEALTH AND MENTAL HYGIENE LAST

	REG. NO.	•			
	20 DATE OF DEATH MONTH	DAY	YEAR	26 HOL	JR
	December 31, 19	986		9:3	2A
	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDE	RIYEAR	IF UNDER	24 HR5
18	68 YRS	MONTHS	DATS	HOURS	M IN
	Baltimore City or Count Baltimore Count		ATH		٨
1	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L HOUSEWILE	IFE) 12b	KIND O	F BUSINI	ESS O
rs?	13e STREET ADDRESS / ZIP COD 1617 Frenchs &	ve.	212	221	
NNA	ME				

20b. IF YES, WERE FINDINGS USED

ES OF DEATH? NO I

STATE

20a AUTOPSY?

15 MOTHER'S MAIDE 14. FATHER'S NAME MIDDLE LAST Mildred Bobniak Solan Jacob ADDRESS 16n WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) (Daughter) Janet Sturtz Same 197 05 7066 No

YES [

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY Cardiac IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Severe coronary artery disease DR AS A CONSEQUENCE OF Hypertension Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost.

PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

11.29.86	HEART DISEASE		YES NOW	IN CERTIFYING CAUS
R CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	71b. TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 19	21¢ HOW INJURY OCCURRED	(ENTER NATURE OF INJUR	Y IN ITEM 18 PART 1 OR PART 2
INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOY	vn COUNTY

11.22 11-22a.1 certify that (1) (this hospital) attended the deceased from 12-29 86 sow the deceased alive on_ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated

obove, (I) (we) (did) (did not) view the body ofter death 22c. DATE SIGNED DEGREE 22b SIGNATURE

12 - 31-86 ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN

224 PHYSICIAN'S NAME (TYPE OR PRINT) 8872 BEZAIR RD BACTMORE MOZIZX SHAHID SAEET

23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a. BURIAL, CREMATION, REMOVAL 23b. DATE 1/3/87 Sacred Heart Cemetery Baltimore County, Md. Burbal

THE DATE HELD BY REGISTRAP 256 REGISTRAR'S SIGNATURE Funeral Home PA 1407 Old Eastern Ave. JAN

DHMH - 16 60M 7/84 (VRA 15, 4)

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